



65th KNOX MOUNTAIN HILL CLIMB VOLUNTEER REGISTRATION

NAME:

AGE:

CELL #:

HOME #:

EMAIL:

EMERGENCY CONTACT NAME:

PHONE #:

MEDICAL INFORMATION: Do you have any medical conditions we should be aware of?

Yes ☐

No ☐

If yes, please advise:

← **MOTORSPORT EXPERIENCE:** Have you volunteered at this hill climb previously?

Yes ☐

No ☐

If yes: How many years have you volunteered?

In what capacity:

Which location:

Select volunteer role: Gates Corner worker

Do you have a request for a particular location/position? If so, please advise:

← **EXTRAS:**

T-Shirt Size:

Allergies (Food, etc.)/Vegetarian:

**ALL VOLUNTEERS MUST SIGN A CACC ON-LINE WAIVER AT:
<https://cacc.speedwaiver.com/>**

Once signed there are options to save or email (top right). Please email completed waiver to
shermac0451@outlook.com. This is mandatory to allow you to volunteer.

PRINT NAME:

SIGNATURE:

Use Acrobat Reader to E-sign.