



State-to-State Half-Marathon Volunteer Form

Sunday, September 26, 2010

First Name:	_____	Last Name:	_____
Address:	_____		
City:	_____	State:	_____
Home Phone:	_____	Email:	_____
Work Phone:	_____	Age:	_____
Organization:	_____	Shirt Size:	S M L XL XXL

PLEASE MARK YOUR TOP THREE CHOICES WITH 1, 2, and 3
(Review job descriptions on the website)
(Contact info@enjoyoxford.org or 513-523-8687 for further information)

Pre-Race

- Packet Preparation
- Post No Parking Signs

Saturday, September 25, 2010

- Registration
- Watch Tents & Equipment

Race Day – Sunday, September 26, 2010

- Registration
- Set-up/Clean-up
- Course Monitor
- Course Timer
- Finish/Recovery Area
- Water Stations
- Food & Beverages Tables
- Bag & Tag Area
- Wherever You Need Me

RELEASE FORM: I assume all risks associated with my participation as a volunteer worker for the 2010 State-to-State Half-Marathon & 5K including but not limited to injuries, contact with other participants including registered runners and other volunteers, the effects of the weather, and traffic and hazards on the road, all such risks are known and appreciated by me. Having read this waiver I, for myself and anyone entitled to act on my behalf waive and release the Oxford ADT Running Club, its volunteers, all city and county governments and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings or any other record of this event for any legitimate purpose.

Date: _____ Signature _____ Parent's signature if under 18 years of age
(In addition to child's signature)

Return to State to State, 14 West Park Place, Oxford, Ohio 45056



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