



# 2010 State-to-State Half-Marathon

## Volunteer Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone (if applicable): \_\_\_\_\_ :

Cell Phone (if applicable): \_\_\_\_\_

Age: \_\_\_\_\_ Shirt Size: S M L XL XXL

Organization Affiliation: \_\_\_\_\_

**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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Parent's signature if under 18 years of age (In addition to child's signature)

\_\_\_\_\_  
Date

**Return to the Oxford Visitors & Convention Bureau  
14 West Park Place, Suite C, Oxford, Ohio 45056**