



2011 State-to-State Half-Marathon Volunteer Form

Please complete the form below and sign. A Race Coordinator will contact you to complete your assignment.

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____

Email Address: _____

Home Phone (if applicable): _____

Cell Phone (if applicable): _____

Age: _____ *Shirt Size: S M L XL XXL

Organization Affiliation (if applicable): _____

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

Date

*Shirt is a unisex, cotton short-sleeved shirt.

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