

# Towpath Half Marathon April 7, 2019 Volunteer Form

Questions?

E-mail: [julie@canalwaypartners.com](mailto:julie@canalwaypartners.com)

Phone: 216-520-1825

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

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Emergency Contact Number \_\_\_\_\_

Have you volunteered before? If yes, how many years? \_\_\_\_\_

Description of volunteer duty. \_\_\_\_\_

Example of a description of your volunteer duty would be the name of the water station you are working –OR- If you are working at packet pick up please enter the date and time you can work. If you prefer a course marshal position or parking please indicate in the description.

Are you willing/able to lift heavy items (40 lbs or less)? \_\_\_\_ Yes \_\_\_\_ No

## Disclosure, Liability Waiver and Race Volunteer Agreement

Your participation as a volunteer is based on your knowledge of and agreement to the following conditions: Read this form carefully before signing. Volunteer work for a marathon is a potentially hazardous activity. A volunteer should not participate unless medically able to do so. Each volunteer assumes all risks associated with volunteering for this event, including, but not limited to the effects of weather, traffic, course conditions and course surfaces, falls, contact with other volunteers, runner's and spectators. I am aware that medical support for this event will be provided by volunteer personnel who may be called upon to provide assistance including first aid, to me as a volunteer during or after the event. I authorize and such volunteer to assist me or to perform such assistance in the opinion of such person may be necessary or appropriate. I for myself and any person entitled to act on my behalf, do hereby release the Towpath Half Marathon, Canalway Partners, all sponsors, volunteers and marathon staff, directors and officers, together with their subsidiaries, successors, heirs, contractors, subcontractors, directors, officers, agents, attorneys, representatives from all claims of liabilities of any kind and character whatsoever arising from my participation in the Towpath Half Marathon or any of its allied or accompanying events. I consent to the use of my image in photos, video and audio recording, film, of my participation in all Towpath Half Marathon events from all claims of liabilities of any kind or character arising from my volunteer participation in this event or any related activity.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Shirt Size: S M L XL XXL

Parent/Guardian must sign if volunteer is under 18 years of age

MAIL, FAX or EMAIL COMPLETED WAIVER TO:

Canalway Partners  
Attn: Julie Sciarrino  
PO Box  
Cleveland, OH  
44109

Fax: 216-520-1833