



MAIL TO
Foster Friends
PO Box 49605
Greensboro, NC
27419

UnitedHealthcare NC MARATHON
VOLUNTEER REGISTRATION FORM

Phone
336.834.9919
FAX
336.323.1366



Thank you for your interest in volunteering. You will have a great time as part of the volunteer race crew for the UnitedHealthcare NC MARATHON. We are grateful for your willingness to support this event. Fax in the form or email it as a pdf.

VOLUNTEER CONTACT INFORMATION

Volunteer Name: _____ Mailing Address: _____

Email: _____ City: _____ State: _____ Zip: _____

Phone (w): _____ Home: _____ Cell: _____ Age: _____

Shirt Size: Small Medium Large X Large X X Large Previous race volunteer experience: Y N What type?: _____

Special skills or certifications: _____ Are you signing up with a group/club? If yes, which one: _____

RACE WEEK VOLUNTEER OPTIONS

- | | | | | |
|--------------|---------------------|--|--------------|-------------------|
| Course Work | Course Monitor | Food & Beverage Distribution | Registration | Split Callers |
| Media & VIPs | Packet Prep | Start Line | Finish Line | Goody Bags |
| Medical | Massage | Water Stations | Awards | Traffic / Parking |
| Gear Check | Course Bike Monitor | Event Area Set Up | Clean Up | Signage Set Up |
| Cheer Zone | Water Station | Have you spoken with someone about a certain volunteer assignment? _____ | | |

Once we receive your completed form, you will be assigned and notified of your area via email. We will do our best to accommodate all requests.

ATTEND VOLUNTEER MEETING: *Please indicate which Volunteer Training Meeting you will attend.*

- _____ Sunday, March 7 at 3 pm _____ Monday, March 8 at Noon
 _____ Monday, March 8 at 6 pm _____ Tuesday, March 9 at Noon _____ Tuesday, March 9 at 6 pm **(locations will be announced 2/01/10)**

WAIVER: I intend and agree to volunteer for The UHC NC MARATHON. I understand that the nature of volunteer activities that I may perform in my capacity as a volunteer may involve physical activities, contact with unidentified and/or unfamiliar persons, or other potential risk of bodily injury or damage to property. Knowing this and in consideration of being allowed to volunteer, I hereby sign this waiver and release in favor of FFNC and its officers, directors, employees, agents, sponsors, volunteers, promoters, administrators, successors and assigns (referred to collectively as the "Released Parties").

I hereby release, waive, discharge, covenant not to sue, and agree to indemnify and hold harmless for any and all purposes the Released Parties from any and all liabilities, damages, claims, demands, or injuries, including death, that may be sustained by me resulting from or arising out of my service as a volunteer. INCLUDING ANY SUCH DAMAGES, CLAIMS, DEMANDS, OR INJURIES, INCLUDING DEATH, CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OR OTHER ACT OR OMISSION OF THE RELEASED PARTIES, OR BY A PRE-EXISTING DEFECT. I understand that this agreement to indemnify and hold harmless does not apply to injuries caused by intentional or grossly neglected conduct. I understand and agree that this Waiver and Release shall bind my heirs, assigns, successors, and personal representatives, including my spouse and members of my family, and shall be governed by the laws of the State of North Carolina.

Signature (if under 18 years old, please have parent or legal guardian sign)

Date