



# VOLUNTEER FORM

## HALF MARATHON • HALF MARATHON RELAY • 5K

### APRIL 14, 2018

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DAY PHONE: ( ) \_\_\_\_\_ CELL PHONE: ( ) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

GENDER (CIRCLE ONE): M F 18 OR OLDER  YES  NO

T-SHIRT SIZE (CIRCLE ONE): S M L XL XXL XXXL (ADULT SIZES ONLY)

EMERGENCY CONTACT (NAME & PHONE): \_\_\_\_\_  
PARENT OR LEGAL GUARDIAN IF UNDER 18

DID YOU VOLUNTEER AT A PREVIOUS MURRAY HALF MARATHON? YES NO

IF YES, WHICH LOCATION OR JOB DID YOU WORK? \_\_\_\_\_

*IF NO PREFERENCE, YOU WILL BE CONTACTED WITH AVAILABLE VOLUNTEER OPPORTUNITIES*

### VOLUNTEER OPPORTUNITIES/TIMES

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT WE NEED TO BE AWARE OF? YES NO

IF YES, PLEASE LIST SO WE CAN ACCOMMODATE YOU: \_\_\_\_\_

**CHECK TIMES AVAILABLE TO WORK. ALL HELP IS APPRECIATED. IF YOU CAN WORK MORE OR LESS THAN THE 2-HOUR INCREMENTS BELOW, PLEASE LET US KNOW AND WE WILL ACCOMMODATE YOUR NEEDS.**

#### THURSDAY, APRIL 12, 2018

10 AM - 12 PM  12 PM - 2 PM

#### FRIDAY, APRIL 13, 2018

10 AM - 12 PM  12 PM - 2 PM  2 PM - 4 PM  4 PM - 6 PM

6 PM - 8 PM

#### SATURDAY, APRIL 14, 2018

5 AM - 7 AM  7 AM - 9 AM

### WAIVER OF LIABILITY. READ CAREFULLY BEFORE SIGNING.

I, the undersigned, intending to be legally bound, hereby, for myself, my family, my successors, assignees, heirs, executors and administrators, forever waive, release and discharge any and all rights, claims for damage, causes of action whether in law, equity or otherwise, known or unknown, that I or any of them may have against the Murray Half Marathon (the "Event"), Murray Calloway Endowment for Healthcare, the City of Murray, all sponsors of the Event and their officers, directors, employees, volunteers, independent contractors, agents and representatives, successors and assigns, for any and all injuries, illness or other harm suffered by me arising out of or connected in any way with my participation in the event/activity.

I understand that participation in this event will include a great deal of physical activity. I further understand that accidents and injuries can arise out of this activity; knowing the risk, nevertheless, I hereby agree to assume those risks and to release and to hold harmless the above mentioned.

The signature has read the foregoing RELEASE AND WAIVER OF LIABILITY AGREEMENT (above) and by signing intentionally and voluntarily agrees to its terms and conditions.

Volunteer Name (please print): \_\_\_\_\_ Volunteer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please mail, fax or email this completed form to Sean Stonecipher at the Center for Health & Wellness:**

Phone: 270-762-1831

Fax: 270-762-1839

Email: [skstonecip@murrayhospital.org](mailto:skstonecip@murrayhospital.org)

Mail: Center for Health & Wellness

Attn: Sean Stonecipher/Murray Half Marathon

716 Poplar Street, Murray, KY 42071



**MURRAY CALLOWAY**  
Endowment for Healthcare