



# GROUP VOLUNTEER FORM

January 15, 2017

Group Name: \_\_\_\_\_ Number in Group: \_\_\_\_\_

## Information

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

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

Date of Birth: \_\_\_/\_\_\_/\_\_\_(MM/DD/YYYY) Fender: M F T-Shirt Size: S M L XL (Circle One)

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact: (Name & No.) \_\_\_\_\_

## Wavier Required

In consideration of your accepting me as a Volunteer for Marathon Bahamas, I hereby for myself, my heirs, executors and administrator waive and release any and all rights and claims for damages I may have against Marathon Bahamas, the Sponsors, the Volunteers, the Participants, their representatives, successors and assigns for any and all injuries suffered by me in said event. I grant to Marathon Bahamas and Marathon Bahamas sponsors and licensees the exclusive right to the free use of my name, my voice and/or my picture in any broadcast, telecast, advertising, promotion or other account of this event. I further attest and certify that I am physically fit.

\_\_\_\_\_  
Signature of Applicant      Date      Signature of Parent/Legal Guardian (if under 18)      Date