



VOLUNTEER FORM INDIVIDUAL

January 15, 2017

ALL VOLUNTEERS MUST BE AT LEAST 16 YEARS OF AGE GROUP

First Name Last Name

Address

Date of Birth Gender Male Female

Daytime Ph # Evening Ph #

Mobile Ph # Email Address

Emergency Contact (Name & Phone #)

T-Shirt Size S M L XL

Please sign the Waiver below and mail or fax this form to:

Marathon Bahamas P.O. Box N-3180 Nassau, Bahamas Fax: (242) 394 0019 Website: www.marathonbahamas.com

Volunteer's Agreement, Waiver, Release and Acknowledgment:

In consideration of your accepting me as a Volunteer for Marathon Bahamas, I hereby for myself, my heirs, executors and administrators 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.

Date: _____

Signature(Parent or Guardian if Under 18)

Printed Name

Acknowledging Waiver of Liability