



MARATHON BAHAMAS GROUP VOLUNTEER FORM

January 14, 2018

Team Name: _____

Team Leader Name: _____

Team Leader Contact: _____

Number in Group: _____

Information

Last Name: _____

First Name: _____

Address: _____

Sex: M F Date of Birth: ___/___/___ (MM/DD/YYYY)

T-Shirt Size (Circle One): S M L XL

Email Address: _____

Home Phone Number: () _____

Cell Phone Number: () _____

Emergency Contact Name: _____

Emergency Contact Number: () _____

Waiver Required

In consideration of the acceptance of accepting me as a volunteer for Marathon Bahamas , I hereby assume full responsibility of the risk of any injury or accident, recognizing the potential for serious physical trauma injury or death, and I elect to voluntarily compete in the event knowing and assuming such risks. I, for myself and my heirs and executors, hereby release and forever discharge Sunshine Insurance, Marathon Bahamas, The Bahamas, Susan G. Komen Race for the Cure" and other persons or entities associated with the Marathon, Half Marathon, Relay or SK Race and each of their respective employees, agents, volunteers, representatives and affiliates, from all liabilities, claims, actions or damages that I may have against them arising out of or in any way connected with my participation in the event. I grant permission to each of the foregoing to use my name, photographs, videotapes, motion pictures, and other media of any kind or any other record of the event for any legitimate purpose including promotional efforts of any kind, without compensation to me. I grant to the Medical Director of the Events, and its agents, affiliates, and designees access to all medical records (and physicians) as needed and authorize medical treatment as needed, I acknowledge that the event organizers have the right to alter, change, cancel and/or postpone the event in their sole discretion, I warrant that all statements made in this release agreement are true and correct and I understand that the release have relied on them in allowing me to volunteer in the event. **I HAVE READ THE FOREGOING, UNDERSTAND ITS CONTENTS AND INTENTIONALLY AND VOLUNTARILY CERTIFY COMPLIANCE BY ACCEPTING THIS WAIVER.**

IF THE VOLUNTEER IS UNDER THE AGE OF 18, I, as the parent or guardian for the above named minor give my permission for my child or ward to participate in the event, and further agree individually on behalf of my child or ward, to the terms above. I further certify that my child/ward is in good physical condition and is able to safely volunteer in the event. I hereby authorize medical treatment for him/her and grant access to my child/ward's medical records as necessary.

Signature of Applicant

Date

Signature of Parent/Legal Guardian (if under 18)

Date

