VOLUNTEER FORM

Please type or print legibly. All fields must be completed.

Name: _____

Address: _____

City: _____

State: _____ **Zip Code**: _____

Phone: (____) _____-_____ **Cell:** (____) _____-_____ **Evening:** (____) _____-_____

E-Mail Address (Required): _____

(For pre-race instructions and communication. Email address will not be sold, distributed or in any way be given out to a third party.)

Circle t-shirt size below. Must commit by June 1st to be guaranteed a shirt:

XSmall (XS) Small (S) Medium (M) Large (L) X-Large (XL)

Previous race experience? Yes _____ No _____ *If so, please describe: _____

Do plan to run in any of the races? Yes _____ No _____ *If so, please list which race: _____

Please list any skills/certifications that may be beneficial to the event:

_____

Please check one or more areas of interest:

_____ Course work (monitor / set-up/ start line / finish line/ take down)

_____ Registration / Packet Pick Up
_____ Timing
_____ Communications
_____ Pasta Feed (6/17/17)
_____ Medical
_____ Food & Beverage
_____ Kid Fun Run
_____ Water station
_____ Awards

Pasta Party: Official event volunteers are invited to enjoy 1 meal at Pasta Party held on Friday, June 16 from 4:00 to 8:00 pm at Faith Regional Health Services, Terrace View Cafe, 2700 West Norfolk Ave. GUESTS may eat for $5 per person (children under *5 eat free)* paid only at the door. **Will you be attending the Pasta Party?** Yes / No
I will have this many guests attending (excluding myself): _____

Will you be attending the Pasta Party? Yes _____ No _____
I will have this many guests attending (excluding myself): _____

Please visit **www.laughandahalfmarathon.com** for more information about the event.

Must Be Read and Signed Before Mailing:

RELEASE FORM: I fully understand that volunteering at a road race is a potentially hazardous activity that might cause personal injury or even death. I attest and verify that I am medically able to help at this event. I agree to abide by any decision of a race official relative to my ability to safely help at the event, but no race official is responsible for determining the safety for me to participate. I assume all the risks associated with helping in this event including, but not limited to falls, contact with other participants, the effects of weather, including high heat and/or humidity, traffic and conditions of the road/bridges, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my application, I, for myself and anyone entitled to act on my behalf, waive and release Faith Regional Health Services, Red Beacon Communications, LLC., City of Norfolk, Norfolk High School, all sponsors, their representatives and successors, volunteers, contractors, and assigns organizing and conducting the Laugh and a Half Marathon (Road Race) from all claims of liabilities of any kind, including any claims arising out of negligence, directly or indirectly, known and unknown, foreseen and unforeseen, bodily and personal injury, damage to property, and the consequences thereof resulting from my participation and covenant not to sue for any said injuries and/or damage. I understand all entries are final, with no refunds, and that the race organizers reserve the right in the event of an emergency or local or national disaster to cancel the race or to change the day and/or time of the event. I give permission for the use of name and/or picture for any broadcast, telecast or other account of this event. All forms must be signed. Incomplete, unsigned forms will not be accepted. If under the age of 19, a parent/guardian must sign.

Print Name _____ Signature _____ Date _____

Parent (Guardian) _____ Date _____
(If under the age of 19, parent or guardian must sign.)

PLEASE MAIL OR RETURN COMPLETED FORM TO:

NCN 94.7, Laugh-and-a-half-marathon, 214 N 7th St, Suite 1, Norfolk, NE 68701
angie@us92.com