



MAIL TO
Foster Friends
PO Box 49605
Greensboro, NC
27419

UnitedHealthcare NC MARATHON VOLUNTEER REGISTRATION FORM

Phone
336.834.9919
FAX
336.323.1366



Thank you for your interest in volunteering. You will have a great time as part of the volunteer race crew for the UnitedHealthcare NC MARATHON. We are grateful for your willingness to support this event. Fax in the form or email it as a pdf. Mail or fax your completed Volunteer Application.

VOLUNTEER CONTACT INFORMATION

Volunteer Name: _____ Mailing Address: _____

Email: _____ City: _____ State: _____ Zip: _____

Phone (w): _____ Home: _____ Cell: _____ Age: _____

Shirt Size: Small Medium Large X Large X X Large Previous race volunteer experience: Y N What type?: _____

RACE WEEK VOLUNTEER OPTIONS

Course Work	Course Monitor	Food & Beverage Distribution	Registration	Split Callers
Media & VIPs	Packet Prep	Start Line	Finish Line	Goody Bags
Medical	Massage	Water Stations	Awards	Traffic / Parking
Gear Check	Course Bike Monitor	Event Area Set Up	Clean Up	Signage Set Up
Cheer Zone	Water Station	Silent Auction: Thursday set-up ___ Friday ___ Saturday ___ <i>(please mark your day(s) of availability)</i>		

Have you spoken with someone about a certain volunteer assignment? _____

Once we receive your completed form, you will be assigned and notified of your area via email. We will do our best to accommodate all requests.

ATTEND VOLUNTEER MEETING: *Please indicate which Volunteer Training Meeting you will attend.*

Training at [Allen Jay Recreation Center](#), 1073 East Springfield Road in **High Point**: _____ Sunday, March 7 at 3 pm _____ Monday, March 8 at Noon _____ Monday, March 8 at 6 pm

Training at [United Healthcare Headquarters](#), 3803 N. Elm Street in **Greensboro**: _____ Tuesday, March 9 at Noon _____ Tuesday, March 9 at 6 pm

WAIVER: I intend and agree to volunteer for The UHC NC MARATHON. I understand that the nature of volunteer activities that I may perform in my capacity as a volunteer may involve physical activities, contact with unidentified and/or unfamiliar persons, or other potential risk of bodily injury or damage to property. Knowing this and in consideration of being allowed to volunteer, I hereby sign this waiver and release in favor of FFNC and its officers, directors, employees, agents, sponsors, volunteers, promoters, administrators, successors and assigns (referred to collectively as the "Released Parties").

I hereby release, waive, discharge, covenant not to sue, and agree to indemnify and hold harmless for any and all purposes the Released Parties from any and all liabilities, damages, claims, demands, or injuries, including death, that may be sustained by me resulting from or arising out of my service as a volunteer. INCLUDING ANY SUCH DAMAGES, CLAIMS, DEMANDS, OR INJURIES, INCLUDING DEATH, CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OR OTHER ACT OR OMISSION OF THE RELEASED PARTIES, OR BY A PRE-EXISTING DEFECT. I understand that this agreement to indemnify and hold harmless does not apply to injuries caused by intentional or grossly neglected conduct. I understand and agree that this Waiver and Release shall bind my heirs, assigns, successors, and personal representatives, including my spouse and members of my family, and shall be governed by the laws of the State of North Carolina.

Signature (if under 18 years old, please have parent or legal guardian sign)

Date