



SUFFOLK COUNTY HALF MARATHON

COORDINATED BY AHEPA CHAPTER 416 DISTRICT 6
(American Hellenic Educational Progressive Association)
IN COOPERATION WITH THE COUNTY OF SUFFOLK

P.O. Box 315 · BABYLON, NY 11702
Phone / Fax: 631.957.7700 ♦ E-mail: info@sc-halfmarathon.org ♦ Website: www.sc-halfmarathon.org

Volunteer Application

Upon Completion, Please Return Form via Mail or Fax
Personal Information (PLEASE PRINT CLEARLY):

First Name: _____ Last Name: _____ MI: _____ Male: ___ Female: ___

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ - _____ - _____ Evening Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____

FAX: _____ - _____ - _____ Email: _____

*DOB (Month/Day/Year): _____ *MUST BE 14 YEARS OF AGE OR OLDER TO VOLUNTEER

Emergency Contact Name: _____ Contact Phone: _____ - _____ - _____

T-Shirt Size (circle one): S M L XL XXL XXXL (circle one)

Please note sports or areas of interest, note "any" if no preference: _____

Please note days and times of availability:

Saturday Setup – 12 Noon to 4:00 PM: Yes No

Sunday – 6:00 AM to 12 Noon: Yes No

Sunday Take Down – 12 Noon to 3:00 PM: Yes No

VOLUNTEER - WAIVER AND RELEASE FROM LIABILITY

I have carefully read this volunteer release and fully understand its content.

I am aware that this is a release of liability and sign it of my own free will.

Dated, this _____ day of _____, _____. Signature: _____

PARENT/GUARDIAN - WAIVER AND RELEASE FROM LIABILITY

(If applicant is under 18 years of age, a parent or guardian must execute in addition to the above, this following waiver.)

The undersigned, _____ referred to as the parent, and natural guardian or legal Guardian of _____, does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties herein referred to above as releases from all liability, loss, cost, claim or damage whatsoever may be imposed upon said releases Because of any defect or lack of such capacity to act and release said releases on behalf of the undersigned.

Parent/Guardian Signature: _____ Relationship to Minor: _____