



**VOLUNTEER FORM
FOR THE SEDONA MARATHON EVENT**

FEBRUARY 7, 2009
MARATHON • HALF MARATHON • 5K

Thank you for your interest in volunteering. You will have a great time as part of the volunteer race crew for The Sedona Marathon, and we are grateful for your willingness to support this event - which also benefits local and national charities!

Please print and fill in ALL information completely.

First Name _____ Middle I. ____ Last name _____ Gender ____
 Address _____ City _____ ST _____ ZIP _____
 Day Phone _____ Night phone _____ Cell _____
 Email _____

Date of Birth (mm/dd/yyyy) _____

Circle T-shirt size: S M L XL

Previous race volunteer experience: Y ____ N ____ If yes, what type? _____

Special skills/certs:

Please circle one or more areas of interest:

- | | | |
|----------------|------------------------------|-----------------------------|
| Course work | Timing | Media & VIPs |
| Registration | Communications | Start / finish line |
| Start corrals | Water / aid stations | Medical / massage / PTTents |
| Course monitor | Food & beverage distribution | Awards |
| Split callers | | |

When available? _____

The Sedona Marathon Volunteer Waiver - Please read and sign below to agree to the terms:

By my signature below I acknowledge that there are inherent risks and dangers associated with volunteering at the Sedona Marathon event. And I hereby release The Sedona Marathon, Four Winds Adventures, LLC, the City of Sedona, the US Forest Service, the Sedona-Oak Creek School District, Sedona Charter School, any other marathon charities, all Sedona Marathon sponsors, supporter and partners, contractors, suppliers, officials, and all governmental and private agencies whose property or personnel are used, from responsibility for any injuries or damages I may suffer as a result of my or my child(ren)'s participation in any aspect of The Sedona Marathon event. I will additionally permit the use of my or my child(ren)'s name and image in broadcasts, radio, telecasts, videos, news coverage, web, photographic, sound, or any other digital or analog representation of myself in relation to The Sedona Marathon. As a participating volunteer, I certify that all the information provided in this form is true and complete.

Signature _____ Date _____
 Print name _____

Parent/Legal Guardian (if volunteer is under 18 years of age) _____
 Signature _____ Date _____
 Print name _____

Please send in this form via:

Mail: THE SEDONA MARATHON EVENT **Fax:** 1 (888) 844-7671 **E-mail (as a PDF):** registration@sedonamarathon.com
 2675 W. Hwy 89A #451 **OR**
 Sedona, AZ USA 86336 (928) 203-4515