

Arthritis New Zealand Marathon 2011 Volunteer Registration Form:

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| Contact Details: | |
| First Name: | |
| Surname: | |
| Postal Address: | |
| | |
| Phone: | |
| Email: | |
| Date of Birth: | |

- Please tick if you do not have an email address and require postal communication
- Please tick if you do not wish to receive further information from Arthritis New Zealand

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| Volunteer Area - please tick your preferred option(s): | |
| Event Marshall | |
| Fundraising Collector | |
| Water Station | |
| Marathon Start Area | |
| Marathon Finish Area | |
| Wheelchair Assistance | |
| Wheelchair Mechanic | |
| Support Team | |
| Food and Water Preparations | |

Event Disclaimer:

I have read and understood the information regarding this event and understand that I participate in this event at my own risk. I hereby attest and verify that I am physically fit and have sufficient competence and experience to complete it safely. I agree to comply with the rules and directions of event officials and their personnel. I hereby acknowledge this waiver, release and indemnity discharges all persons, corporates, associations and bodies involved or otherwise engaged in promoting or staging the event and their servants, agents, representatives, officers and employees. This includes but is not limited to the various committees, members, and employees of all independent contracted suppliers to the event, local councils, cities and districts and their respective officers, directors, employees, independent contractors, representatives, agents, volunteers, event organisers and sponsors whether or not the loss, injury or damage is attributed to the act or neglect of any or more of them.

Signed: _____ **Date:** ___ / ___ / _____