

October 16, 2010



Marathon
Half Marathon
Marathon Relay
5K
Kids Marathon

Volunteer Registration

Name: _____

Company or Affiliation: _____

Address: _____

Apt., Suite: _____

City: _____ State: _____ Zip: _____

Phone Number: (____) _____ Cell phone: (____) _____

E-mail (required): _____

Age on 10/17/09: _____ DOB: ____/____/____

T-shirt Size: S M L XL Male or Female (circle one)

Requested Volunteer Station*: (circle)

- Aid Station
- Course Monitor
- Start Line
- Finish Line
- After-party
- Thursday Late Registration/Package Pick-up
- Friday Late Registration/Package Pick-up
- General: I'll do whatever it takes!
- Special Request*:

*We will make every effort to accommodate your request. We hope that you will understand if we need to place you where you are needed most. Thank you!

Donation to LLS \$ _____

Make checks payable to:
Kansas City Marathon

Send checks to:
Kansas City Marathon
1308 Pennsylvania, Kansas City, MO 64105

www.KCMarathon.org

Once registered, our volunteer coordinator will contact you in late September regarding your assignment. Thank you!

Release & Waiver

Waiver: I know that running is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I also know that although police protection will be provided until 1:00 p.m., there will be traffic on the course route. I assume any and all other risks associated with running this event including but not limited to falls, contact with other participants, the effects of the weather, including high heat and/or humidity, cold wind, snow, rain or ice and the conditions of the roads, all such risks being known and appreciated by me. I understand that I am solely responsible for my safety while traveling to and from or participating in this event. Knowing these facts and in consideration of you accepting my entry, I hereby for myself, my heirs, executors, administrators, or anyone else who might claim on my behalf covenant not to sue, and waive, release and discharge Waddell & Reed, Waddell & Reed Kansas City Marathon, Greater Kansas City Sports Commission and Foundation, The City of Kansas City, Missouri, KCMO Police Department, or any sponsor or contributor to this event, or any race officials of liability for death, personal injury or property damage of any kind or nature whatsoever arising out of or in the course of my participation in this event. This release and waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown. The undersigned further grants full permission to the Waddell & Reed Kansas City Marathon and/or agents authorized by them to use any photograph, videotapes, motion pictures, recordings, or any other record of this event for any purpose. I further understand that athletes who participate in this competition will be subject to formal drug testing in accordance with USAT&F rules and IAFF Rule144. Athletes testing positive for banned substances, or who refuse to be tested, will be disqualified from this event, and will lose eligibility for future competitions. Some prescription and over-the-counter medications contain banned substances. Information regarding drugs and drug testing may be obtained by calling the USOC Hotline at 1-800-233-0393. Applications for minors will be accepted only with a parent's or guardian's signature.

Signature/Date: _____ Parent's signature if under 18: _____