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**2016 Full mOOn Volunteer Sign-Up**

Saturday, July 23 @ 7 p.m.

Camp Ouachita Girl Scout Camp, Perryville, Arkansas

Thank you for your interest in volunteering!

Please tell us a little about yourself:

Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_ Phone (cell preferred)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Shirt size (XS, S, M, L, XL, XXL): \_\_\_\_\_\_\_\_\_\_\_ e-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If applicable, please describe what kind of camping you will be doing at Lake Sylvia (RV, tent, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any special skills or expertise you have \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any previous race volunteer experience \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide a contact (name and phone #) in case of an emergency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am interested in volunteering for (check all that apply): Any Place Needed Guide runner for the blind

* Registration
* Runner Check In
* Finish Line Staff
* Parking
* Aid Station Staff
* Post-Race Party Staff
* Course Marking
* Sag Wagon
* HAM Radio

I am available for: The whole race Pre-race help Post-start help After-race help

Send completed registration with signature to:

**Susy Chandler**

[susy@fullmoon50k.com](mailto:susy@fullmoon50k.com) or [su\_phi@yahoo.com](mailto:su_phi@yahoo.com)

Mail: 85 Raleigh Road

Asheville, NC 28803

For additional information, visit the Full mOOn 50K website: <http://www.fullmoon50k.com>

e-mail: [susy@fullmoon50k.com](mailto:susy@fullmoon50k.com) or phone (501)-837-3104

**Volunteer Waiver  -  PLEASE READ**

I know that running or volunteering for an ultra marathon race is a potentially hazardous activity that could cause injury or death. I should not volunteer or run unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, am in good health, and am properly trained. I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I assume all risks associated with volunteering for this event, including but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road and trail, encounters with wild or domestic animals, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the race directors and workers, Arkansas Ultra Running Association, U.S. Forest Service, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to race management to use any photographs, recordings, or other records of my participation in this event for any legitimate purpose.  I also understand that the race director has the right to refuse any volunteer.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_