



## DISCLOSURE, LIABILITY WAIVER AND RACE VOLUNTEER AGREEMENT

Your participation as a volunteer is based on your acknowledgment of and agreement to the following conditions: Read this form carefully before signing. Volunteer work for a marathon is a potentially hazardous activity. A volunteer should not participate unless medically able to participate. Each volunteer assumes all risks associated with volunteering for this event, including but not limited to the effects of weather, traffic, course conditions and course surfaces, falls, and contact with other volunteers, runners and spectators. I am aware that medical support for this event will be provided by volunteer personnel who may be called upon to provide assistance, including first aid, to me as a volunteer during or after the event. I authorize any such volunteer to assist me or to perform such assistance as in the opinion of such person may be necessary or appropriate. I, for myself and any person entitled to act on my behalf, do hereby release The Fox Valley Marathon, ShebBix Inc, The City Of St. Charles, The City Of Geneva, The City Of Batavia, The City Of North Aurora, The City Of Aurora, The State Of Illinois, The Kane County Government Center, The Fox Valley Park District, The Kane County Park District, The Batavia Park District, The St. Charles Park District, The Geneva Park District, USATF, all municipal agencies and other persons or entities associated with the event, and each of their respective employees, agents, volunteers, representatives and affiliates (the "Releasees"), from all claims of liability of any kind and character whatsoever arising from my participation as a volunteer in any of the Fox Valley Races events or any of its allied or accompanying events. I consent to the use of my image in photos, video and audio recording, or film of my participation in any of the above-mentioned events from all claims of liability of any kind or character arising from my volunteer participation in this event or in any related activity.

Name: \_\_\_\_\_

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

Signature of Parent / Guardian if under 18: \_\_\_\_\_

Emergency Contact Name & Phone: \_\_\_\_\_

If you have any questions, call 630-549-3070. Thank you very much for your support of the Fox Valley Marathon Races.