

Atlanta Marathon & Atlanta Half Marathon

Volunteer Application

Thursday, November 22, 2007

Last Name _____ First Name _____ M.I. _____

Address _____

Street _____ City _____ State _____ Zip _____

Home Phone _____ Work _____ Ext. _____ Sex _____ Date of Birth _____

E-Mail _____ Sweatshirt Size S ___ M ___ L ___ XL ___ XXL ___

Did you work this race last year? If yes, do you want to work the same area again? YES ___ NO ___

Please number the following in order of preference. Assignments made on first come first served basis. The area coordinator will contact you prior to the event. Please visit our web page at www.atlantatrackclub.org, click volunteer tab, click Atlanta Marathon and Half Marathon to see volunteer job descriptions. Minimum age to volunteer is 16.

PRE RACE

WEEKDAY OFFICE

_____ PROJECTS SEPT.-NOV.

FOOD PACKING, Atlanta Track Club Warehouse

_____ Sunday 11/18 1pm-4pm

RACE WEEK

PACKET PICKUP, InterContinental Hotel

_____ Tues. 11/20 _____ Wed. 11/21

Shifts available: 10:30am-2:30pm _____

2 pm-6pm _____

5:30pm-8pm _____

ATC INFORMATION BOOTH AND ATC STORE

InterContinental Hotel

_____ Tues. 11/20 _____ Wed. 11/21

Shifts available: 10:30am-2:30pm _____

2 pm-6pm _____

5:30pm-8pm _____

****PLEASE NOTE THE INFO BOOTH AND STORE HAVE BEEN COMBINED****

TURNER FIELD, Parking Lot

Construction—Wed.11/21

_____ 10am-Noon Truck Unloading

_____ Noon-4pm Set-Up

RACE DAY, THURSDAY, 11/22/2007

COURSE

_____ Monitor (Zone Preference-see below: _____)

_____ Timer

_____ Cone Crew

_____ Aid Station

_____ Aid Station Supply Delivery

START AREA—HALF MARATHON

_____ Running

_____ Not running

START/FINISH AREA—MARATHON (Turner Field)

_____ Parking/Traffic Control (5:30-7:30am)

_____ Aid Station

_____ Runner Control (7am-12Noon)

_____ Food

_____ Baggage

_____ Chip Retrieval

_____ Medal Hangers

Medical

_____ Physician

_____ Stretcher Bearer

_____ R.N. (License # _____)



**Thank You
For Your Help!**



RELEASE FORM:

I assume all risks associated with my participation as a volunteer worker for the 2007 Atlanta Marathon and Half Marathon including but not limited to injuries, contact with other participants including spectators, registered participants and other volunteers, the effects of weather, and traffic and hazards of the road, all such risks are known and appreciated by me. Having read this waiver I, for myself and anyone entitled to act on my behalf waive and release The Atlanta Track Club, its employees and volunteers, all city and county governments and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings or any other record of this event for any legitimate purpose.

DATE _____ SIGNATURE _____ PARENT'S SIGNATURE—IF UNDER 18 YEARS (IN ADDITION TO CHILD'S SIGNATURE) _____

Return to: Atlanta Track Club • 3097 E. Shadowlawn Ave. • Atlanta, GA 30305 • PHONE 404-231-9064, ext 12 • FAX 404-364-0708
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