



Volunteer Form

Complete Entire Form

Please print neatly using capital letters • OK to photocopy • One person per form please

ORGANIZATION _____

Name (first) _____ (last) _____

Address _____ County _____

City _____ State _____ Zip _____

Country _____ Phone _____ (evening) _____

E-mail address _____ Emergency Contact Phone # _____

(Circle one) M F Birthday ____/____/____

How did you find out about Armadillo Dash? _____

T-shirt size (circle one) S M L XL XXL Are you running this year's race? Y N

Do you have a physical or medical condition that would affect the type of job assigned to you? Y N

If yes, please explain _____

Available Jobs

Please number in order of preference, check date/times

Race Week:

- ___ Packet Pick-Up at Hyatt Place
- ___ Fri. Mar. 5 _____
- ___ Sat. Mar. 6 _____

Race Day:

- ___ 5:30 AM set-up at Veterans Park
- ___ Parking
- ___ Chip Distribution
- ___ Packet Pick-up
- ___ Course
 - ___ Marshal
 - ___ Timer
 - ___ Water/Aid Station

Race Day (cont.)

- ___ Veterans Park Finish Area
- ___ Water/Aid Station
- ___ Chip Retrieval
- ___ Medal Distribution
- ___ Food Tent
- ___ Post Race Tear-down/Clean-up
- ___ Race Route Water Station Team

Release Form: I assume all risks associated with my participation as a volunteer worker for the 2009 Armadillo Dash Half Marathon & 5K including, but not limited to: injuries, contact with other participants including registered runners and other volunteers, the effects of weather, and traffic 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 Armadillo Dash, 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 signature if participant is under 18 years of age _____

Please mail form to: Armadillo Dash
PMB 328
3515-B Longmire Drive
College Station, TX 77845