

Thank You for Helping Youth Ministry !!
BRING BOTH SIGNED FORMS

20
Volunteers
Needed

2018 WATER STOP/MEDICAL TENT INFO FOR
ORLANDO OUC HALF-MARATHON & 5K

STAY =

WS #8 – approx 11.0 miles:

On Hampton Ave at the intersection with Central Blvd (south intersection). Participants have the whole road so the tables can be in the road near the grass.

USE: 13 N HAMPTON AVE to get you to the Water Stop location (right across from the New Beginnings Church) *Orlando, FL 32803*

Supplies/hydrant are on the west side of the street.

RED ARROW – INDICATES RUNNER DIRECTION
BLUE TRIANGLE – INDICATES PARKING OPTIONS

PARKING – Please park at the grass parking lot across from the church. Entry/exit to grass lot is off of Central Blvd.

TIME INFO:

- Arrive at 7:00am
- Show ready 8:00am
- Complete by 11:30am

Waterstop # 8 Volunteers
on SAT. Dec. 1, 2018

*13 N. Hampton Ave
Orlando, FL 32803*

New Beginnings Church parking grass lot.



S.V.P.
S.A.P.

As **TEXT:** Mary Klemm your name + T-shirt size
(by Nov 28th. latest) 407-932-8252

Track Shack

FITNESS CLUB

2018 – 2019 Season VOLUNTEER WAIVER – ONE PER PERSON

EVENT: 2018 OUC Half & 5K

VOLUNTEER GROUP/AFFILIATION: St. Thomas Aquinas Youth Ministry

NAME: _____ PHONE: _____

EMAIL ADDRESS: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

EMERGENCY CONTACT: _____ EMERGENCY PHONE: _____

AGE* (if under 18): _____

*** MUST BE OVER THE AGE OF 13 TO VOLUNTEER**

READ CAREFULLY BEFORE SIGNING

INCOMPLETE OR UNSIGNED ENTRY FORMS WILL NOT BE ACCEPTED. In consideration of me or my Child's participation as a volunteer for Track Shack Fitness, I intend to be legally bound, and do hereby, for myself, my heirs, executors, waive and release all rights and claims for damages which may have or which may hereinafter accrue to me against Track Shack, Track Shack Fitness, Event Marketing and Management International, Inc., and their sponsors for the event which I am volunteering, any subsidiary or political division thereof, of their respective officers, agents, directors, representatives, successors, assigns, and sponsors for any and all damages or injuries which may be sustained and suffered by me in connection with my association with participation in the event as is mentioned above. If I should suffer injury or illness I authorize officials of the race to use their discretion to have me transported to a medical facility, and I take full responsibility for these actions. I hereby grant full permission to any and all of the foregoing to use any photographs, videotapes, motion pictures, recordings or any other record of this event for any purpose. I HAVE READ THE ABOVE RELEASE AND UNDERSTAND THAT I AM VOLUNTEERING FOR THIS EVENT AT MY OWN RISK.

X

Volunteer Signature

Date

(Volunteers under the age of 18 must have a parent/guardian sign on their behalf)

Track Shack

OUC 1/2 Marathon, Water Stop #8



Parental Guardian Consent Form & Liability Waiver

(This form is required for minors to attend an off property event or trip).

Applicant Information			
Participant's Name & E-mail Address:		Date of Birth:	
Address:	City:	State:	Zip:
Home Phone:	Parent/Guardian's Name & E-mail Address:		
Cell Phone:	Work Phone:	Other number where Parent/Guardian can be reached <u>during</u> event:	
Consent & Liability Waiver			
Important! To be filled out by the Parent/Guardian for youth under 18 years of age and individuals age 18 or older <u>and</u> in high school.			
In consideration of the program in which my son/daughter will participate, I, as parent or guardian of my son/daughter, do hereby agree to allow my son/daughter to accompany (entity name) _____ to:			
Event & Location: <u>OUC 1/2 Marathon Water Stop #8</u> <u>13 N Hampton Ave. Orlando, FL</u>		Date & Time: <u>SAT. DEC. 1 2018</u> <u>7am - 11am</u>	
<input checked="" type="checkbox"/> Transportation Not Provided <input type="checkbox"/> Transportation Provided		Method of Transportation: <u>On your own</u>	
I acknowledge that (entity name) _____ is providing transportation to and from (location) _____ to the event.			
I acknowledge and assume the risk of this transportation for my child. My child must comply with (entity name) _____ rules and procedures. By granting this permission, I also waive any claims against, and RELEASE AND HOLD HARMLESS AND INDEMNIFY , (entity name) _____, the Diocese of Orlando, any of their religious, employees, volunteers, agents and representatives from any liability, claims, demands and causes of action arising out of or relating to any loss, damage or injury sustained in connection with or arising out of my child's participation in the program.			

X _____
 Parent/Guardian Signature Date
(must sign for any participant under 18 &/or 18 or older & in high school)

Participant: In signing the line below, I certify all the information on the trip form is complete and accurate, I also agree to abide by any/all policies established for this event/activity. Should I not be able to maintain the guidelines and expectations of the adults and my peers, I understand there will be consequences for my actions, including being removed from the activity and being sent home at my parents/guardian's expense.

X _____
 Participant's Signature Date

Insurance Information			
<input type="checkbox"/> No, I do not carry medical insurance at this time.			
<input type="checkbox"/> I do carry medical insurance at this time.			
Insurance Carrier:			
Name of Insured:		Insurance Policy Number:	
Father's Name:	Day Phone	Mother's Name:	Day Phone:

In the event the participant does not have insurance, payment in full for medical care becomes the responsibility of the participant's parent/guardian.