



VOLUNTEER APPLICATION

YES! I want to be a group leader/volunteer for JUST RUN®

NAME _____

EMAIL _____ HOME/CELL PHONE _____

NAME OF SCHOOL OR ORGANIZATION YOU'LL BE REPRESENTING: _____

SCHOOL/ORGANIZATION ADDRESS _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

SCHOOL PHONE _____ MY PASSWORD WILL BE _____

SHIRT/JACKET SIZE (XXS-XXL)

I AM A: TEACHER PARENT OTHER _____

TOTAL NUMBER OF GROUPS YOU WOULD LIKE ENTERED ON THE WEBSITE? _____

HOW WOULD YOU LIKE EACH GROUP CATEGORIZED (for example, "2nd Grade," "2nd and 3rd Grade;" "After School," etc.)

Accompanying this application is my signed Liability Release Form. I have read and agree to the "TERMS AND CONDITIONS" and agree to be bound by its provisions. I verify that the school or other entity under whose auspices the Just Run Program is being organized has both general liability and comprehensive insurance covering all participating children and aspects of the Program.

SIGNATURE _____ DATE _____

FAX or MAIL:

- 1. THIS COMPLETED FORM
2. THE SIGNED LIABILITY RELEASE FORM

BIG SUR MARATHON JUST RUN VOLUNTEERS - FAX: 831.625.2119
MAIL: Big Sur International Marathon
P.O. Box 222620
Carmel, CA 93922-2620

VOLUNTEERS ASSOCIATED WITH SATELLITE PROGRAMS (SPECIFIC LOCALES) - FAX or MAIL your forms to your program administrator. Fax number and address are found on your SATELLITE PROGRAM'S HOMEPAGE

