Event: St. Louis Half Marathon and Clayton Police 5K for Special Olympics

Volunteer Waiver for Race

I know that volunteering for a road race is a potentially hazardous activity, which could cause injury or death. I will not volunteer unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform my volunteer responsibilities at this event, and am in good health. I agree to abide by any decision of a race official relative to any aspect of volunteering in this event, including the right of any official to deny or suspend my participation as a volunteer for any reason whatsoever. I assume all risks associated with volunteering in this event, including but not limited to: falls, contact with other participants and volunteers, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me.

Having read this waiver and knowing these facts and in consideration of your accepting me as a volunteer, I, for myself and anyone entitled to act on my behalf, waive and release the St. Louis Half Marathon and Clayton Police 5K for Special Olympics, the St. Louis Track Club, Clayton Police Department, Special Olympics of Missouri, the cities of Clayton, University City and St. Louis City, and the Road Runners Club of America, all event sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation as a volunteer in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use my photographs, motion pictures, recordings or any other record of this event for any legitimate purpose.

Name of Vo	olunteer:				
Signature:					
Date:					
Parent's Sig	gnature (if ur	nder 18 y	ears of ag	se):	
Date:					