

# LAND OF ALOHA

UCC Presents

## Kona Marathon Events

# 2018 RACE CREW VOLUNTEER

PLEASE MARK DATE(S) AVAILABLE

- JUNE 16 - ALOHA KEIKI RUN
- JUNE 22 - KONA MARATHON SET UP
- JUNE 23 - SETUP / HEALTH & FITNESS FAIR
- JUNE 24 - KONA MARATHON EVENT DAY

QUESTIONS?

EMAIL:

RACEINFO@KONAMARATHON.COM

CALL:

808-967-8240



**KONA**  
**MARATHON**  
 HALF MARATHON  
 QUARTER MARATHON  
 AND 5K  
**BIG ISLAND**  
**HAWAII**



**Hilton**  
 WAIKOLOA VILLAGE\*



NAME (FIRST/LAST)		
GENDER <input type="checkbox"/> M <input type="checkbox"/> F	T-SHIRT SIZE <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL	PHONE
EMAIL		
ADDRESS		
CITY	STATE/COUNTRY	ZIP/POSTAL
HAVE YOU VOLUNTEERED WITH US BEFORE? <input type="checkbox"/> NO <input type="checkbox"/> YES - TASK:		
AREA OF INTEREST (CHECK ONE OR MORE) <input type="checkbox"/> AID STATION <input type="checkbox"/> REGISTRATION <input type="checkbox"/> COURSE MARSHALS <input type="checkbox"/> ALOHA KEIKI RUN <input type="checkbox"/> LOGISTICS <input type="checkbox"/> LOGO WEAR STORE <input type="checkbox"/> TIMING ASSISTANT <i>June 16 (6am - Noon)</i> <input type="checkbox"/> RACE SETUP <input type="checkbox"/> MEDICAL/FIRST AID <input type="checkbox"/> FINISH LINE		
SPECIAL SKILLS? (E.G. RUNNER, LANGUAGES, MEDICAL TRAINING, ETC.)		

*Additional event information & Race Crew volunteer position descriptions can be found at [konamarathon.com](http://konamarathon.com)*

I am volunteering during the Kona Marathon Events and I agree to comply with the rules, regulations and event instructions. I understand that volunteering in a road race is a potentially hazardous activity and can result in serious injury or death. I am aware of and I expressly assume all inherent risks associated with participating in this event, including, but not limited to: falls, contact with other participants and objects, the effects of weather, including high heat and humidity, traffic and the conditions of the road. In consideration of your accepting this entry, I for myself and anyone entitled to act on my behalf waive and release from any and all claims for injuries and damages I may have against the Kona Marathon, sponsors, State of Hawaii, County of Hawaii, the United States of America, Queen's Market LLC, OM Center LLC, Waikoloa Resort Association, Global Resort Partners (Hilton Waikoloa Village), Koloa Owner's Association, Inc., Lononakua Partners, LLC, Waikoloa Beach Association and Waikoloa Beach Marriott Resort their trustees, directors, officers, employees, agents and representatives caused by the negligence of any of them arising out of my participation in this event, including pre and post race activities. I attest that I am physically fit and have sufficiently trained for completion of the event. I consent to receive medical treatment, which may be advisable in the event of illness or injuries suffered by me during this event, and I agree to pay for the costs of my medical treatment. I give permission for the free use of my name, voice or picture in any broadcast, telecast, advertising promotion or other account of this event. I agree that electronic submission of this application constitutes agreement to all the terms of this waiver and release statement. I understand that any and all fees paid by me in association with this event are non-refundable and non-transferable. I permit the use of my contact information by Kona Marathon, it's sponsored events and sponsors.

SIGNATURE	DATE
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PLEASE RETURN COMPLETED FORM TO

Kona Marathon Events, LLC  
 PO Box 326  
 Volcano, HI 96785  
 Or Scan & Email to:  
[raceinfo@konamarathon.com](mailto:raceinfo@konamarathon.com)



**KONAMARATHON.COM**