

# LAND OF ALOHA

UCC Presents

## Kona Marathon Events

# 2019 RACE CREW VOLUNTEER

PLEASE MARK DATE(S) AVAILABLE

- JUNE 29 - KONA MARATHON SET UP
- JUNE 29 - SETUP / HEALTH & FITNESS FAIR
- JUNE 30 - KONA MARATHON EVENT DAY

QUESTIONS?

EMAIL:

BRENT@PACIFICRIMSPO RTS.COM

CALL:

808-285-6657



**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"/> LOGISTICS	<input type="checkbox"/> LOGO WEAR STORE	<input type="checkbox"/> TIMING ASSISTANT
<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), Kolea Owner's, Association, Inc., Lonomakua Partners, LLC, Waikoloa Beach Association, Run Hawaii LLC, Pacific Rim Sports, inc, ABP Waikoloa LLC 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

Run Hawaii, LLC  
 dba Kona Marathon  
 67-1185 Mamalahoa Hwy D-104, Pmb 105  
 Kamuela, Hawaii 96743  
 Or Scan & Email to:  
 brent@pacificrimsports.com



**KONAMARATHON.COM**

**KONA MARATHON – VOLUNTEER  
 WAIKOLOA BEACH RESORT RELEASE AND LIABILITY WAIVER**

The undersigned volunteer participating in the Kona Marathon Event to be held at Waikoloa Beach Resort on Sunday, June 30, 2019 (the "Event") hereby agrees to indemnify, defend, release and hold harmless Waikoloa Land Company, Waikoloa Resort Association, Waikoloa Development Company, Queens' Market, LLC, their partners, parent entities, members, shareholders, subsidiaries, and affiliates and any officer, director, representative, employee and agent of any of them (collectively, the "Releasees") from and against any and all claims, demands, actions, causes of action, liabilities, suits, costs and expenses (including reasonable attorneys' fees) which are related to, arise out of or are in any way connected to participation in the Event, including, but not limited to, negligence of any kind or nature, whether foreseen or unforeseen, arising directly or indirectly out of any damage, loss, default, omission, illness, injury or death, during or as a result of participation in the Event. Without limiting the generality of the foregoing, the undersigned volunteer hereby releases Releasees from any and all liability for death, disability, personal injury, illness, property damage or property theft as a result of participation in the Event. This Release and Waiver is binding upon the undersigned volunteer's heirs, executors, administrators and assigns.

The undersigned acknowledges that he/she has read this Release and Waiver and understands that this is a Release and Waiver of all liability, claims, damages, loss and/or theft.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2019.

\_\_\_\_\_  
 Signature of Volunteer

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
 Telephone: \_\_\_\_\_

**Parent/Guardian Waiver for Minors (under 18 years old)**

The undersigned parent and/or guardian does hereby represent that he/she is, in fact acting in such capacity and agrees to save, hold harmless and indemnify Releasees from and against any claims, actions, causes of action, liabilities, suits, expenses (including reasonable attorneys' fees) which are related to, arise out of, or are in any way connected with said minor's participation in the Event, including, but not limited to, negligence of any kind or nature, whether foreseen or unforeseen, arising directly or indirectly out of any damage, loss, injury, illness, paralysis or death to said minor or by anyone on behalf of said minor, as a result of said minor's participation in the above described activity.

Print Participant's Name	Age	Signature of Parent or Guardian	Date
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