

2013 Volunteer Response Form

tion	Mr./Mrs./Ms:
.5	Address:
	City: State: Zip:
	Phone: Email:
	Emergency Contact: Phone:
onta	T-Shirt Size: Small Medium Large X-Large XX-Large
C	
	Race Registration
0)	Please mark an "X" next to the dates you are available to assist with pre/day of race registration
ttee	Monday, 1/21 Tuesday, 1/22
nmi	Wednesday, 1/23 Thursday, 1/24
Cor	Day of Event (Saturday, 1/26)
B	Please number First, Second, and Third Choices "1", "2", and "3"
Availability & Committee	Water Station On-Course Marshal Promotions/Fun Zone
lab	Finish Line Official Day of Event Registration
Avai	Please list any relevant race experience (participant, volunteer, coach, etc.);
7	
	Please return this form by January 10, 2012.
	Please return this form by January 10, 2012; Integrated Sports Marketing c/o Stephen Strasburg 5K with Tony Gwynn
	Please return this form by January 10, 2012; Integrated Sports Marketing c/o Stephen Strasburg 5K with Tony Gwynn 8909 Complex Drive, Suite A * San Diego, CA 92123
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t Form	Integrated Sports Marketing c/o Stephen Strasburg 5K with Tony Gwynn 8909 Complex Drive, Suite A * San Diego, CA 92123
ity & Sub	Integrated Sports Marketing c/o Stephen Strasburg 5K with Tony Gwynn 8909 Complex Drive, Suite A * San Diego, CA 92123 Tel: 858 - 836 - 0133 * Fax: 858-836-0134 or you can register on-line at www.Strasburg5K.com By participating in this Activity ("Stephen Strasburg 5K with Tony Gwynn"), on behalf of myself and my next of kin, heirs and representatives, I release from all liability and promise not to sue the State of California, the Trustees of The California State University, California State University, San Diego State University, The Campanile Foundation, Integrated Sports Marketing, Stephen Strasburg and their employees, officers, directors, volunteers and agents (collectively "University"), any production or management company associated with the event, including their representatives, volunteers, directors, employees, officials, promoters, members, agents, and affiliates - in their corporate and individual capacities - (collectively "released parties") from any and all claims, including claims of the University's negligence, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity. I acknowledge my understanding that my participation in the Activity involves a strenuous activity which I am physically capable of undertaking, and I represent that I have received no restrictions on such activity from any physician I furthermore agree to indemnify and hold the released parties harmless from the payment of any and all judgments, settlements, costs, disbursements, and attorney fees associated with any released party having to defend or investigate any claim, action or proceeding of any type arising out of my (or my child's) participation in the event, including, but not limited to, claims for breach of contract, negligence, strict liability, or otherwise. I permit the use of my name and picture in the broadcasts, newspapers, et
Liability	Integrated Sports Marketing c/o Stephen Strasburg 5K with Tony Gwynn 8909 Complex Drive, Suite A * San Diego, CA 92123 Tel: 858 - 836 - 0133 * Fax: 858-836-0134 or you can register on-line at www.Strasburg5K.com By participating in this Activity ("Stephen Strasburg 5K with Tony Gwynn"), on behalf of myself and my next of kin, heirs and representatives, I release from all liability and promise not to sue the State of California, the Trustees of The California State University, California State University, The Campanile Foundation, Integrated Sports Marketing, Stephen Strasburg and their employees, officers, directors, wolunteers and agents (collectively "Iniversity"), any production or management company associated with the event, including their representatives, volunteers, officers, directors, woluneyees, officials, promoters, members, agents, and affiliates - in their corporate and individual capacities - (collectively "released parties") from any and all claims, including claims of the University's negligence, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity. I acknowledge my understanding that my participation in the Activity involves a strenuous activity which I am physically capable of undertaking, and I represent that I have received no restrictions on such activity from any physician I furthermore agree to indemnify and hold the released parties harmless from the payment of any and all judgments, settlements, costs, disbursements, and attorney fees associated with any released part having to defend or investigate any claim, action or proceeding of any type arising out of my (or my child's) participation in the event, including, but not limited to, claims for breach of contract, negligence, strict liability, or otherwise. I permit the use of my name and picture in the broadcasts, newspapers, etc. I understand th
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