

Guide Application

ING New York City Marathon • Sunday, November 2, 2008

Please print and complete this application if you will be accompanying a disabled entrant as a volunteer guide in the ING New York City Marathon.

This application must be received by the Achilles Track Club by Wednesday, August 13, 2008.

Serving as a guide for a disabled entrant is a serious responsibility. In recognition of the important role they play, guides will be permitted to participate in the marathon free of charge. Guides, along with their assigned athletes, will be transported by bus to the starting line of the marathon. Guides **must** be at least 18 years old on race day and **must** be capable of completing the entire 26.2-mile marathon distance. Additional information about the responsibilities of the guides, and about their participation in the marathon, will be available on www.ingnycmarathon.org after August 31, 2008.

*Family Name		*Given Name	
Age on Race Day	Birth Date (mm/dd/yy)	Gender: <input type="checkbox"/> Male	<input type="checkbox"/> Female
Home Address		City	
State or Region/Province		Zip/Postal Code	Country
Daytime Tel.	Fax	Email Address	

What is the name of the disabled entrant you will be accompanying in the ING New York City Marathon?

*Family Name of Entrant		*Given Name of Entrant	
Are you that person's only guide?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DO NOT KNOW
<small>*If no, what is/are the name(s) of other guide(s), if known? (list below)</small>			

Are you a member of New York Road Runners? YES NO
If yes, what is your NYRR member ID? _____

Do you speak English? YES NO

Do you speak any other languages? YES NO
Which ones, if any? _____

What is your estimated time for completing the marathon distance? _____ hrs _____ min

Have you previously acted as a guide for a disabled athlete in the ING New York City Marathon?
 YES NO If yes, when? _____

Have you ever acted as a guide in another marathon or race?
 YES NO If yes, when and where? _____

Guide experience includes (check all that apply):

Visually Impaired
 Deaf
 Amputee
 Cerebral Palsy
 Stroke
 Paralysis
 Wheelchair (over 4 hrs)
 Handcrank (over 4 hrs)
 Other (Please specify: _____)

ACKNOWLEDGEMENT AND WAIVER: I understand that being a guide for the ING New York City Marathon is a serious responsibility and privilege. I have trained and am in good physical condition. If I am confirmed as a guide, I agree to dedicate my time and energy to the athletes with disabilities and the Achilles Track Club during the marathon weekend, including an orientation that reviews my expectations on race day. I know that participating as a guide in the ING New York City Marathon (the "Event") is a potentially hazardous activity. I should not enter and participate unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the Event. I assume all risks associated with participating in the Event, including, but not limited to, falls, contact with other participants, the effects of the weather, including high heat and humidity, traffic, and the conditions of the road, all such risks being known and appreciated by me. I grant the Medical Director of the Event and his designee access to my medical records and physicians, as well as other information relating to medical care that may be administered to me as a result of my participation in the Event. Having read this waiver and knowing these facts and in consideration of your accepting my application, I for myself and anyone entitled to act on my behalf, waive and release any and all organizers and sponsors of the Event including, but not limited to, the New York Road Runners Club, Inc., Road Runners Club of America, Achilles Track Club, all Event sponsors and all of their agents, representatives, and successors, from all claims or liabilities of any kind arising out of my participation in the Event even though the 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 or authorize others to use any photographs, motion pictures, recordings, or any other record of my participation in the Event for any legitimate purpose without remuneration to me.

Signature _____ Date _____



Please mail completed application to Achilles Track Club, 42 West 38th Street, 4th Floor, NY, NY 10018, ATTN: New York City Marathon Coordinator. Or submit via fax to Achilles at (212) 354-3978.
 *Marathon entrant **must** complete this information before giving the application to the guide.
This application will not be accepted unless this information is provided.

