

NY/NJ 2012 IRONMAN U.S. CHAMPIONSHIP JERSEY GIRLS STAYSTRONG MULTISPORT CLUB

Volunteer & Event Information

About the Event: The 2012 Ironman U.S. Championship will take place on Saturday, August 11, 2012. This race will be the first-ever Ironman competition to be held in the New York City/New Jersey metropolitan region. The 140.6-mile race will include a 2.4-mile swim in the Hudson River; a 112-mile bike ride on the Palisades Parkway in Bergen and Rockland Counties; and a 26.2-mile run beginning in New Jersey and finishing in Riverside Park in Manhattan. The racecourse is open from 6:50 a.m. until 12:00 midnight. For details, see <http://ironmanuschampionship.com/>.

About Volunteering: The Jersey Girls StayStrong Multisport Club (JGSSMC) volunteers will be at the Ironman finish line either in the medical tent (clinical) or as “catchers” (non-clinical). Ruth Anne Kurtz, Michele Bernich Rapp, and Celeste Gandolfo are coordinating the volunteers, reporting to Moira Horan. Any JGSSMC member, spouse, friend or family member can register as a JGSSMC volunteer and can watch the race (and possibly see Moira Horan!) at different points except during our volunteer time slot.

About Registering: Please do not register to volunteer on the Ironman website – we will do it for you!

Please see the job descriptions below to determine which volunteer group you would like to be placed. Then, fill out the attached volunteer form, sign the waiver and mail the completed form and signed waiver to Celeste Gandolfo, 118 Northampton Drive, Holmdel, NJ, 07733 or email it to her at cgandolfo@jefferies.com. There is no fee. Forms should be submitted to Celeste **by February 29th**.

Volunteer Job Descriptions and Details:

Clinical:

Title: Medical Volunteer – Finish Line
Location: Finish Area – 83rd St. in Riverside Park
Date: Saturday, August 11, 2012, 02:00 PM – 7:00 PM
JGSSMC Coordinator: Ruth Anne Kurtz
Description: Volunteer medical staff will be placed at the medical tent at the finish line. Any certifications and/or licenses must be presented prior to race day.

Non-Clinical

Title: Finish Line Catchers
Location: Finish Area – Riverside Park
Date: Saturday, August 11, 2012, 02:30 PM – 07:30 PM
JGSSMC Coordinators: Michele Bernich Rapp, Celeste Gandolfo

Description: The role of the Catchers is to greet athletes after they have crossed the finish line and assist them as needed as they proceed to the medical tent, food tent, or re-unite with their families, wherever they need to go.

Until the Event: Ruth Anne, Michele & Celeste will communicate to JGSSMC volunteers through the JGSSMC “Event Invitation” domain page for “2012 Ironman JGSSMC Volunteering”. Periodic meetings are anticipated to help coordinate our volunteer efforts and answer any questions or concerns. We will apprise you of those meetings on the Event Invitation domain once scheduled.

Day-of-event Logistics: We are working on initiatives to meet and possibly travel together to and from the event with options of staying overnight. Please see the logistics questionnaire on the registration form for logistical details. Your answers will determine the logistical decisions. There will be ferries running continuously from Edgewater and Fort Lee to 39th Street on the day of the event as well as ferries in the water to watch the swim!

Other Logistics: All volunteers will receive a free 2012 US Ironman Championship Volunteer T-Shirt. In spirited JGSSMC style, our volunteers will also wear a coordinated “costume” piece to distinguish our group. Susan Santore is coordinating that effort. Details will be posted on the Event Invitation domain page as well. A small fee to cover the cost of the piece will be requested at a later time.

Donations: In appreciation for having at least 50 volunteers, the US Ironman Championship will make a \$500 donation to the “I WILL” Foundation on behalf of the JG StayStrong Multisport Club!

Questions: If you have any questions, please contact Ruth Anne, Michele or Celeste via our Facebook emails.

Thank you for your commitment to the sport of Triathlon, the JG StayStrong Multisport Club and, of course, our leader Moira Horan!

This will be an exciting day for all!

Jersey Girls StayStrong Multisport Club LLC (JGSSMC)

Volunteer Form for the 2012 Ironman U.S. Championship Saturday, August 11, 2012

First Name: _____

Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Gender: ___ Female ___ Male

Date of Birth: _____

Email Address: _____

Home Phone: _____

Cell Phone: _____

T Shirt Size: _____

Are you a: (*Choose one*) ___ JGSSMC Club member? ___ Spouse? ___ Friend?
___ Family member? Of which JGSSMC member? _____

Other: _____

Which JGSSMC Volunteer group do you prefer? ___ Clinical ___ Non-Clinical
If Clinical, what is your specialty area (i.e. EMT, RN, AT, NP, etc.)? _____

Why are you signing up to volunteer? *To support Moira Horan (an athlete), represent the Jersey Girl StayStrong MultiSport Club, help proceeds and donations to the "I Will" Foundation, Additional/*
Other reason: _____

Would you like to receive volunteer related updates and information on World Triathlon Corporation (WTC) events? ___ Yes ___ No

Would you like to be emailed monthly WTC newsletters with training tips, race recaps and subscriber-only information? ___ Yes ___ No

Would you like to receive information, samples and special offers sent by WTC on behalf of the event sponsors? ___ Yes ___ No

Would you like to be emailed information on new WTC events, announcements and rule changes?
___ Yes ___ No

Did you read and sign the attached waiver? ___ Yes ___ No

WORLD TRIATHLON CORPORATION
VOLUNTEER WAIVER AND RELEASE FORM

Ironman U.S. Championship
August 7-12, 2012

READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS DOCUMENT HAS LEGAL CONSEQUENCES AND WILL AFFECT YOUR LEGAL RIGHTS AND WILL LIMIT OR ELIMINATE YOUR ABILITY TO BRING FUTURE LEGAL ACTIONS.

In consideration of my and/or my child or ward's being permitted by World Triathlon Corporation ("WTC") to assist and/or volunteer in the above-referenced Event, and any related programs, activities, or events (collectively, the "Event"), I understand and acknowledge that by signing below I am legally agreeing to the statements in the following World Triathlon Corporation Volunteer Waiver and Release Form. I understand and acknowledge that these statements are being accepted and relied upon by the Released Parties, as defined below. I hereby freely and voluntarily acknowledge and/or take action for myself and/or my child or ward, and on behalf of my and/or their spouse, children, parents, guardians, heirs, next of kin, and any legal or personal representatives, executors, administrators, successors and assigns, or anyone else who might claim or sue on my behalf and/or theirs, as follows:

1. I ACKNOWLEDGE AND ASSUME ALL THE RISKS OF VOLUNTEERING IN THE EVENT. I understand that volunteering in the Event may involve a risk of physical injury to me or others, damage to mine or other's property, or other consequences. These consequences might result from the actions, inactions, or negligence of myself and/or others, or from various conditions of the premises, the equipment used in the Event, and/or the weather. There may also be other risks not known or not reasonably foreseeable. Such risks include but are not limited to the following: falls, dangers of collisions with athletes, vehicles, pedestrians, other participants, spectators, or volunteers, and fixed objects; dangers arising from surface hazards, equipment failure, inadequate safety equipment; and hazard that may be posed by spectators or volunteers. I further acknowledge that these risks include risks that may be the result of negligent acts, omissions, and/or carelessness of the Released Parties, as defined below. I understand that I will be volunteering for the Event at my own risk and I agree to assume all the risks incidental to volunteering in the Event.

2. I HEREBY RELEASE, WAIVE, COVENANT NOT TO SUE, AND FOREVER DISCHARGE the Released Parties, as defined below, of and from any and all claims, causes of action, damages (including direct, indirect, incidental, special and/or consequential), losses (economic and non-economic), costs, expenses, and liabilities of every kind ("Claims") arising out of or in any way connected with my or my child or ward's volunteer participation in the Event or traveling to or from the Event, and further agree to indemnify and hold each of the Released Parties harmless from and against such Claims, including all attorney's fees and disbursements up through and including any appeal. I understand that this release and indemnity includes, but is not limited to, Claims based on the negligence, action or inaction of any of the Released Parties and covers bodily injury (including death, partial or permanent disability), loss by theft or otherwise, property damage to any equipment, Claims relating to the provision of first aid, medical care, medical treatment, or medical decisions (at an Event site or elsewhere), and Claims for medical or hospital expenses, whether caused by or suffered by me or my child or ward either before, during or after such volunteer participation. For purposes hereof the "Released Parties" are WTC, USAT, all Event sponsors, Event organizers, Event promoters, Event producers, Event staff, Event officials, any sanctioning body, administrators, contractors, vendors, advertisers, race directors, volunteers, athletes, all other persons or entities involved with the Event, and all states, cities, towns, and other governmental bodies and/or municipal agencies and locations in which an Event or portions of an Event takes place, and each of their respective parent, subsidiary and affiliated companies, licensees, officers, directors, partners, board members,

shareholders, members, supervisors, insurers, agents, employees, volunteers, and other participants and representatives.

3. I acknowledge and represent that I have no knowledge or reason to know of any personal physical or mental limitations, conditions or other restrictions that would make any activities personally inadvisable or inadvisable for my child or ward to safely volunteer in the Event.

4. I understand and acknowledge the consumption of alcohol and/or drugs before, during and after the Event may impair my (or my child or ward's) ability to volunteer in the Event, and therefore, I and/or my child or ward agree not to consume any alcoholic beverages and/or controlled substances while volunteering for the Event. I hereby assume any and all responsibility for any injury, loss, or damage associated with or caused by my (or my child or ward's) consumption of alcohol and/or controlled substances.

5. I hereby authorize medical treatment or care for me and/or my child or ward if deemed advisable in the event of injury, accident or illness by a medical director or any of its agents, employees, volunteers, affiliates and designees, a physician and/or hospital. I agree to be responsible and assume liability for any and all costs incurred as a result of my or my child or ward's volunteering in the Event, not covered by my insurance, including but not limited to, medical care and treatment, ambulance services, hospital stays, and physician and pharmaceutical goods and services.

6. I authorize for me and/or my child or ward and voluntarily consent under the Health Information Portability and Accountability Act (HIPAA) to the release and disclosure of my or my child or ward's protected health information, health services provided to me, and/or any health related information about me by a physician, emergency personnel, medical team member or any WTC employee for the purposes of diagnosing or providing treatment to me, coordination of care, and for health care operations, including necessary administrative and business functions related to my protected health information, including but not limited to, the release of my protected health information to WTC, a sanctioning body, insurance carriers, medical insurance coordinators, other health care providers, parents/guardians, and/or hospitals. I understand there is no expiration for this health information disclosure authorization, I have the right to revoke this authorization, unless action has been taken in reliance on this authorization, and I understand that treatment will not be conditioned upon this authorization.

7. I hereby grant WTC and the other Released Parties the right, permission, and authority to use my and/or my child or ward's name, image, voice, and/or likeness, without compensation or further notice, captured during the event by WTC, its affiliated entities or contractors, and/or media in all forms, including any photographs, videotapes, CDs, DVDs, broadcast, telecast, podcast, webcast, recordings, motion pictures, commercial advertisement, promotion materials, and/ or any other record of this Event for any purpose whatsoever throughout the universe in perpetuity. I agree to assign all copyright or other interests to WTC and any related parties.

8. I acknowledge that I and/or my child or ward is acting only as a volunteer and not as an employee of WTC, and there is no expectation to receive any type of compensation from WTC or any of the above Released Parties. I understand that WTC reserves the right, in its sole and complete discretion, to deny any person from volunteering at the Event.

9. expressly consent, understand, and agree that any dispute or claim arising out of, relating to or in connection with this Waiver and Release Form or my participation in the Event, including but not limited to all questions regarding issues of fault, liability, negligence, contributory negligence, damages, jurisdiction, the existence, scope, validity, performance, interpretation, termination, as well as entitlement to and amount of attorneys' fees and costs to the prevailing party, shall be determined by binding arbitration as the sole remedy as to all matters in dispute, administered by the American Arbitration Association (AAA) in accordance with applicable arbitration rules as interpreted and governed by the Florida Arbitration Code. Two (2) AAA

arbitrators acceptable to WTC and knowledgeable in the field of commercial matters shall conduct the arbitration. The venue of any such arbitration shall be Tampa, Florida, United States of America. If any provision of this Agreement shall be deemed unlawful, void, or for any reason, unenforceable, then that provision shall be deemed severable from this Waiver and Release Form and shall not affect the validity and enforceability of any remaining provisions.

I AFFIRM THAT I AM EIGHTEEN (18) YEARS OF AGE (OR WILL BE ON THE DATE OF THE EVENT) OR OLDER, I HAVE READ THIS WAIVER AND RELEASE FORM, I UNDERSTAND ITS CONTENT, AND INTENTIONALLY AND VOLUNTARILY SIGN IT. FOR PERSONS UNDER EIGHTEEN (18) YEARS OF AGE, A PARENT OR LEGAL GUARDIAN MUST ALSO SIGN THIS AGREEMENT.

COMPLETE VOLUNTEER REGISTRATION and SIGN THIS WAIVER.

Signature

Date