

Lewis G. Maharam, M.D., FACSM

Medical Director, New York Road Runners and the ING New York City Marathon

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Dear Medical Volunteers and Medical Team Captains,

On behalf of New York Road Runners, thank you for your interest in volunteering for the ING New York City Marathon 2009 Medical Team. The marathon will be held on Sunday, November 1. Enclosed is the Medical Volunteer Application for you to complete and return to me. **All applications are due by October 1, 2009. NO EXCEPTIONS. NO FAXES OR E-MAILED APPLICATIONS CAN BE ACCEPTED.**

As a Medical Team volunteer, you will receive a credential for your race day assignment as well as commemorative t-shirt, orientation booklet, and thank-you certificate.

We are offering a choice of two orientation and credential pickup sessions for medical volunteers, and one for team captains. **In order to work on the Medical Team on marathon day, you must attend an orientation and stay for the entire session (6:30-9:00 p.m.).** Note that you must **bring photo identification** to the session you choose to attend. Parking is not provided.

Volunteer Orientation

Date: Monday, October 26, or Tuesday, October 27 (choose one)
Place: Hilton New York
1335 Avenue of the Americas, between 53rd and 54th streets
Registration: 6:00-6:30 p.m.
Orientation: 6:30-9:00 p.m.

Team Captain Orientation

Date: Wednesday, October 28
Place: Hilton New York
1335 Avenue of the Americas, between 53rd and 54th streets
Registration: 6:00-6:30 p.m.
Orientation: 6:30-9:00 p.m.

Please be sure to add your orientation date to your calendar, and keep this letter for your reference. Feel free to call me at 212.765.5763 if you have any questions.

Sincerely,



Lewis G. Maharam, MD, FACSM
Medical Director, ING New York City Marathon and
New York Road Runners



ING New York City Marathon 2009

Medical Volunteer Application

Please complete this application if you wish to serve as a medical volunteer on November 1. Please print clearly.
No faxes or e-mailed applications can be accepted. All applications are due by October 1, 2009.

Mail completed application to:

Lewis G. Maharam, MD, FACSM
Medical Director, ING New York City Marathon
24 West 57th Street, Suite 509
New York, NY 10019

Name _____
Last First Middle

Address _____
Street Apartment Number

_____ *City State Zip*

Home Phone _____ Office Phone _____ Cell Phone _____

Fax _____ E-mail _____

Affiliation (if any) _____

Medical qualifications and past experience _____

Did a team captain recruit you? ☐ Yes ☐ No If yes, please identify _____

If no, how did you get this application or hear of this opportunity? _____

Please check the appropriate profession: ☐ MD ☐ DO ☐ DPM ☐ DC ☐ ATC ☐ LMT ☐ PA ☐ PT ☐ RN ☐ EMT
☐ Student or other (please specify area of profession) _____

Do you have a current CPR card? ☐ Yes ☐ No (If yes, please attach a copy)

Do you have a current ACLS card? ☐ Yes ☐ No (If yes, please attach a copy)

Do you speak another language? ☐ Yes ☐ No (If yes, please specify) _____

Please check t-shirt size: ☐ S ☐ M ☐ L ☐ XL

WAIVER AND RELEASE: I hereby waive all present and future claims against, and hereby release, the City of New York City, its agencies, instrumentalities and officials, the ING New York City Marathon, New York Road Runners Club, Inc., Road Runners Club of America, all sponsors of the Marathon, and all their agents and representatives, including other volunteers, from liability for any injuries or damages, including to any of my equipment (such as massage tables), that I may suffer as a result of my participation in the Marathon or related events or activities, arising by reason of any acts or omissions of any of the foregoing, including ordinary negligence or fault on their parts. In addition, I hereby grant permission to the foregoing to use or authorize others to use photographs, motion pictures, recordings, or any other record of my participation in the Marathon or related events or activities for any legitimate purpose without remuneration.

Signature _____ Date _____