2010 Volunteer Form

Date: Sunday, June 13, 2010

Location: Gregg Park, Vincennes, IN

Thank you for volunteering for the TRYathlon . We appreciate your assistance and commitment to Sisters In Service.

EACH VOLUNTEER SHOULD FILL OUT A SEPARATE FORM.

NAME_____

ADDRESS_____

E-MAIL_____

HOME PHONE_____CELL PHONE_____

T-SHIRT SIZE S M L XL XXL

WAIVER. PLEASE READ CAREFULLY BEFORE SIGNING: I am a volunteer and know that helping on the course of the triathlon where running, walking, cycling, and swimming are taking place is a potentially hazardous activity. I realize that I should not participate in helping with this event unless I am medically able. I also know that, although police protection will be provided, there will be traffic on the course route. I assume the risk of being present on the running/cycling course. I also know that, although trained lifeguards will be provided, there is risk associated in assisting with the swimming leg of this event. I also assume any and all other risks associated with participating in this event including but not limited to falls, contact with participants, the effects of the weather including high heat and/or humidity, and the condition of the roads, all such risks being known and appreciated by me. Knowing these facts, and in consideration of your accepting my volunteer application, I hereby for myself, my heirs, executors, administrators or anyone else who might claim in my behalf, covenant not to sue, and waive, release and discharge the Knox County Community Foundation, the Community Foundation Alliance, Inc., the Vincennes YMCA, the Vincennes Parks & Recreation Department, all sponsors, the State of Indiana, City of Vincennes, Knox County, and race officials and volunteers, any and all claims of liability for death, personal injury or property damage of any kind or nature whatsoever arising out of, or in the course of my participation in, this event. This Release and Waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown. In the event that I am in need of medical treatment and unable to give consent or direction for medical treatment, I authorize and give consent to the employees or agents of Good Samaritan Hospital, Knox County E.M.S. and such other medical personnel that are on hand to provide me with medical treatment they deem necessary. The undersigned further grants full permission to the Knox County Community Foundation and the Community Foundation Alliance, all sponsors and/or agents authorized by them, to use any photographs, videotapes, motion pictures, recordings or any other record of this event for any purpose. Applications for minors will be accepted only with parent/guardian signature.

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SIGNATURE OF VOLUNTEER **DATE**

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SIGNATURE OF PARENT/GUARDIAN OF VOLUNTEER UNDER AGE 18 **DATE**

Mail Completed Forms

Knox County Community Foundation, P.O. Box 273, Vincennes, Indiana 47591