



June 6th, 2010: Oliver Half Iron Triathlon
VOLUNTEER REGISTRATION 2010

NAME: _____ **Home Phone** _____
Mailing Address: _____ **Work Phone** _____
City: _____ **Postal Code** _____ **Mobile Phone** _____
E-mail _____ **Age (check one)** _____ **under 18 yrs** _____ **over 18 yrs**
T-shirt size (circle one) **S M L XL XXL** **Special Skills or training** _____

Please check what areas you are interested in: (check)

Race Package Assemblers	_____ Thursday		
Package Pick-Up	_____ Friday	_____ Saturday	
Press Volunteers	_____ Race Week	_____ Saturday	_____ Sunday
Set Up	_____ Friday	_____ Saturday	_____ Sunday
Take Down		_____ Sunday	
Registration	_____ Friday	_____ Saturday	
(Body Marking/Chips)		_____ Sunday	
Start/Finish		_____ Sunday	
Swim: Shore Support		_____ Sunday	
Lifeguards		_____ Sunday	
Canoeists		_____ Sunday	
Kayakers		_____ Sunday	
Motorcyclists		_____ Sunday	
Transition	_____ Saturday	_____ Sunday	
Cycle Course		_____ Sunday	Location Preference:
Run Course		_____ Sunday	Location Preference:
Food		_____ Sunday	
Award Presentation Ceremony		_____ Sunday	
Security	_____ Friday	_____ Saturday	_____ Sunday
Volunteer/Information Booth	_____ Friday	_____ Saturday	_____ Sunday

Emergency Information

Person to notify in case of emergency _____ Phone: _____

Allergies or medical diagnosis we should know about _____

Release

In signing this release, I acknowledge that I understand the intent there of and I hereby agree and absolve and hold harmless the Oliver Half Iron, Outback Events, The Town of Oliver, Ministry of Transportation & Highways, corporate sponsors, cooperating organizations, and any other parties connected with the Oliver Half Iron Triathlon in any way, singularly or collectively, from and against any blame and liability for injury, misadventure, harm, loss, inconvenience or damage hereby suffered or sustained as a result of participating in the Oliver Half Iron Triathlon or any activities associated herewith. I hereby consent to and permit emergency treatment in the event of injury or illness. Also, I give full permission for the use of my name and photograph, still or video, in connection with this event.

Signature _____ Date _____

Signature of guardian if applicant under 19 yrs _____

Please fill out form & mail to Outback Events at 4310 Hazell Rd Kelowna V1W 1P8 **OR** drop off this form to Oliver Parks & Recreation **OR** go to www.oliverhalf.ca and click on the volunteer button to email us there.

For more information please call Joe or Sarah at 764-3204. Thank you so much for your participation in this great event!