



July 22nd, 2012: Sylvan Lake Half Iron Triathlon
VOLUNTEER REGISTRATION 2012

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	_____	Friday				
Package Pick-Up			_____	Saturday		
Set Up	_____	Friday	_____	Saturday	_____	Sunday
Take Down			_____	Sunday		
(Body Marking/Chips)			_____	Sunday		
Wetsuit Stripping			_____	Sunday		
Start/Finish			_____	Sunday		
Swim: Shore Support			_____	Sunday		
Lifeguards			_____	Sunday		
Canoeists			_____	Sunday		
Kayakers			_____	Sunday		
Motorcyclists			_____	Sunday		
Transition			_____	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 Sylvan Lake Half Iron, Outback Events, The Town of Sylvan Lake, Ministry of Transportation & Highways, corporate sponsors, cooperating organizations, and any other parties connected with the Sylvan Lake 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 Sylvan Lake 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** fax to us at 250-764-3079.

For more information please email Sarah at sarah@outbackevents.ca. Thank you so much for your participation in this great event!