

VOLUNTEER FORM

Thank you for volunteering for the triathlon & duathlon. We appreciate your assistance & commitment to the Knox County Community Foundation.

KNOX COUNTY

City State Zip E-Mail Home Phone Cell Phone T-Shirt Size: S M L XL XXL XXXL WAIVER. PLEASE READ CAREFULLY BEFORE SIGNING: I am a volunteer and know that helping on the course of the triathl and duathlon where running, walking, cycling and swimming are taking place is a potentially hazardous activity. I realize that I sho not participate in helping with this event unless I am medically able. I also know that, althou trained lifeguards will be provided, there is a risk of being present on the running/cycling course. I also know that, althou trained lifeguards will be provided, there is a risk of being associated in assisting with the swimming leg of this event. I also assu any and all other risks associated with participating in this event including but not limited to falls, contact with participating, the effe of the weather including high heat and/or humidity, and the condition of the roads, all such risks being known and appreciated by r. Knowing these facts, and in consideration of your accepting my volunteer application, I hereby for myself, my heirs, executors, a ministrator or anyone else who might claim in my behalf, covenant not to sue, and waive, release and discharge the Knox County and I aliance, Inc., Vincennes Parks and Recreation Department, Vincennes YMC State of Indiana, City of Vincennes, Knox County, all sponsors, race officials and volunteers, any and all claims of liability for dea personal injury or property damage of any kind or nature whatsoever arising out of, or in the course of my participation in, this event that I am in need of medical treatment and unable to give consent or direction for medical treatment, Vincennes vance and Waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown. In event that I am in need of medical treatment and unable to give consent or direction for medical treatment, I authorize and give casent to the employees or agents of D & S Ambulance Service, Good Samaritan Hospital, Knox County E.M.S. and such other	Name						
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