



Eighth Annual Sprint Triathlon
Saturday / August 3, 2019

Musgrove Park & Aquatic Center
 403 East Florence / Olney, Illinois

HELPFUL EVENT VOLUNTEER
REGISTRATION FORM

Name _____

Address _____

City/St/ZIP _____

e-mail _____

Phone _____ cell _____ days _____ eves _____

Emergency contact: name _____ phone _____

Please partner me with _____

Volunteers must wear event t-shirt as provided for safety purposes.

Shirt Style: ___ youth tee ___ guys tech (straight fit) ___ gals tech (curvy fit)

Shirt Size: ___YS ___YM ___YL ___XS ___S ___M ___L ___XL ___2XL ___3XL ___4XL ___5XL

There are many volunteer tasks to be completed before, during, and after the event. Please indicate which of the areas are of interest to you and we'll try our best to match you to it!

- _____ I will help in the area of greatest need!
- _____ Logistics volunteers – assist in setting up Musgrove Park and ride/run routes on Friday night and Saturday morning and in taking down items on Saturday afternoon
 ___ Friday night ___ Saturday morning ___ Saturday afternoon ___ as needed
- _____ Barricade volunteers – control participant/spectator access in key areas
- _____ Swim Lane volunteers – stand on the pool deck and direct swimmers which way to turn and how to get to transition area – will not be in the water but may get wet
- _____ Transition Area volunteers – direct participants in exiting for and returning from the bike and exiting for the run
- _____ Bike Route volunteers – 2 volunteers at each specified intersection to direct bikers which way to turn – volunteers WILL NOT stop/direct traffic in any manner
- _____ Water Stop volunteers – offer water to participants and collect trash
- _____ Run Route volunteers – 2 volunteers at each specified intersection to direct runners which way to turn – volunteers WILL NOT stop/direct traffic in any manner
- _____ SAG Vehicle volunteers – available to respond to needs of participants on the run and ride routes (pick up preferred).
- _____ Check In volunteers – assist participants Friday evening and Saturday morning
- _____ Finish Line volunteers – place medallion on neck of finishers / remove and return timing chip from their ankle

Maps, Rules and Regulations, registration (participants and volunteers) and sponsorship forms may be downloaded at www.rcrcolney.com.

RCRC WHITE SQUIRREL TRIATHLON VOLUNTEER WAIVER AND RELEASE

I understand and agree that

- I am volunteering to assist with the RCRC White Squirrel Triathlon and know that helping on the course of the triathlon where swimming, cycling, running/walking are taking place is a potentially hazardous activity.
- I recognize that, although law enforcement protection will be provided, there will be traffic on the course routes. I recognize that, although trained lifeguards will be provided, there is risk associated in assisting with the swimming leg of this event. I fully assume all risks and desire to participate without regard to those risks, including the risk of being present on the cycling or running/walking course.
- 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.
- I certify that I and any other volunteers that I am registering are medically able to do so.
- Knowing these risks, and in consideration of acceptance of my volunteer application, I, the undersigned, intending to be legally bound, hereby for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against the City of Olney, all event sponsors, organizers, volunteers, and representatives and their families from any and all claims and liabilities of any kind suffered by me or my child in conjunction with this event, including pre- and post-race activities.
- I further indemnify and hold harmless the City of Olney, its officers and employees from any and all claims or lawsuits resulting from personal injury, including death, or property damage arising from or in any way connected to the special event; excepting any claims arising solely out of the negligent acts of the City, its officers and employees.
- In the event that I am in need of medical treatment and unable to give consent to the employees or agents of Carle Richland Memorial Hospital, Carle Richland Memorial Ambulance Service and such other medical personnel that are on hand, such medical personnel are authorized to provide me with emergency medical treatment they deem necessary.
- I also give permission for the free use of my name and/or pictures or video in any broadcast or any account of this event.

Signature of participant

Date

Signature of parent/guardian of participant under 18

Date

Thank you for your interest! You will be contacted regarding your assignment; job descriptions and volunteer shirt distribution will be provided week before event.

Mail signed form to
Richland County Recreation Council / Post Office Box 508 / Olney, IL 62450