2017 Volunteer Form

PLEASE NOTE: For insurance purposes, this form must be completely filled out by all volunteers prior to engaging in any activity related to the Kansas Senior Games. Upon completion, please submit this form to the Sport Commissioner or the Volunteer Coordinator.



Name: (First)	(Last)	
Mailing Address:		
City:	State:	Zip:
Day Phone: Evening Phone:		
Birthdate: / Age:	Gender: M / F	
Email Address:		
T-Shirt Size: S M L XL 2XL 3XL		
Emergency Contact Name & Phone:		
Sport:		
How did you hear about volunteering for the Kansas Senior Go	ames?	
If you are volunteering for a business or sponsor, please list the	e business name below:	
IMPORTANT: All volunteers must review and sign th		
Volunteers under the age of 18 must have a page of 16 Please note that all volunteers under the age of 16	· ·	•

OLUNTEER NOTES

PERSONAL INFORMATION

Your assistance is greatly appreciated. The Kansas Senior Games would not be possible without your help in performing volunteer duties. Please check in with the Sport Commissioner or your Volunteer Coordinator to obtain your volunteer assignment and volunteer T-shirt. We look forward to having you on our team and THANK YOU!

COMMISSIONERS / VOLUNTEERS

Kansas Senior Games Volunteer Waiver

This document is import	ant, must be read in its entirety an	d signed before any voluntee	er is allowed to participate.	
Pı	rinted Name	Spe	ort	
	AIVER: In consideration of Senior Games athletic prograd agree that:			
· •	he activities involved in this pro while particular rules, equipment and,			
		RISKS, both known and unknown, EVEN IF ARISING ners, and assume full responsibility for my participation		
observe any unusual sign		y terms and conditions for participation. If, however, or participation, I will remove myself from participation ately; and,		
exclusive television, radio		ness to appear in any official documentary, promotional enior Games in any manner incidental to my participatione; and,		
HOLD HARMLESS the sponsoring agencies, spo event (Releasees"). With	Kansas Senior Games, their offic nsors, advertisers, and, if applica	epresentatives and next of kin, HEREBY RELEASE ANI ers, officials, agents and/or employees, other participants ble, owners and lessors of premises used to conduct the sability, death, or loss or damage to person or property erwise.		
deadline, entries received	after the maximum number of pa	refunds of entry fees except for entries received after the rticipants have been registered, or if there are not enouged simply because an athlete fails to participate or for it		
	asas Senior Games is not respons ators assume their own risk as it			
	Kansas Senior Games standards of es by not engaging in verbal or			
	bility and assumption of agreeme ing it and sign it freely and voluury insurance.			
Date	Participant'	s Signature	Age	
legal responsibility for this pand, for myself, my heirs, a from any and all liabilities	NOR AGE (under 18 at time of reparticipant, do consent and agreessigns, and next of kin, I release incident to my minor child's invEROM THE NEGLIGENCE OF T	to his/her release as provid and agree to indemnify and olvement or participation i	led about of all the Released d hold harmless the Release n these programs as provid	
Date	Parent/Guardi	an's Signature		