

Hammerhead Triathlon Series VOLUNTEER REGISTRATION

Contact Information

Event Name(s) Available: _____

Volunteer's Name: _____

Cellular Phone (Must have with you day of race): _____

Home Phone: _____

Mailing Address: _____

City/State/Zip: _____

E-mail: _____

Age (check one) _____ under 18 yrs _____ over 18 yrs

T-shirt size (circle one) S M L XL XXL

Occupation: _____

Special Skills or training: _____

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

Pre-race: _____

Pre-race Organization _____

Home Stay _____

Volunteer Coordinating Assistant (ie. Phoning)

Race:

Hammerhead Set Up/Take Down _____ Sat _____ Sun

Race Package Assemblers: _____ (Pre-race)

Package Pick-Up: _____ Saturday _____ Sunday

Registration/Body Mark/Chips: _____

Announcers' Spotters: _____

Start/Finish: _____

Transition: _____

Swim: _____

Cycle Course _____

Run Course _____

Food _____

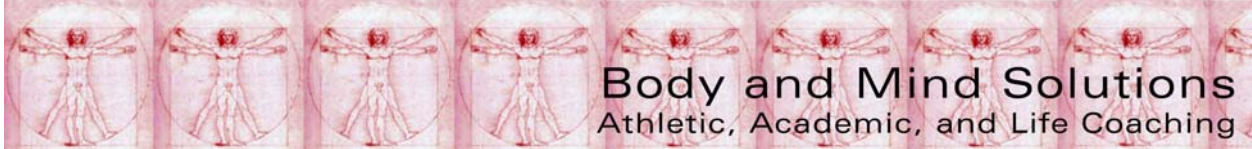
Award Presentation Ceremony _____

Security _____ Saturday _____ Sunday

Volunteer/Information Booth _____ Saturday _____ Sunday

Additional Information

Information you believe to be valuable in making your volunteerism an enjoyment and success.



I consent to allowing my name and city of residence be posted on the Body and Mind Solutions/Hammerhead Triathlon Site

Yes No

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 Hammerhead Kids Triathlon and Body and Mind Solutions, corporate sponsors, cooperating organizations, and any other parties connected with the Hammerhead Kids Triathlon and Body and Mind Solutions 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 Hammerhead Kids Triathlon and Body and Mind Solutions 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 and mail to Hammerhead Triathlon, 1473 Longmeadow Drive, Gilroy, CA 95020 or e-mail to info@bodyandmindsolutions.com. For more information please call Cristin at 408.406.4112

Thank you so much for your participation in this great event! In order to show our appreciation we invite you to our Post-race Party!