

GEORGIA GAMES: 2008
OFFICIAL VOLUNTEER FORM

Please Circle One: **General Sports Volunteer** or **Medical Volunteer**

IF MEDICAL License Level: (Circle) MD, PA, ATC, Paramedic, EMT, RN, DC, DO, First Aid/CPR only, Other _____

Please Print

NAME: **First** _____ **Last** _____

Email _____

MAILING ADDRESS: **Street** _____ **Unit #** _____

City _____ **State** _____ **Zip** _____

Cell Phone (_____) _____ **Home Phone** (_____) _____

EMPLOYER: Name _____ **Work Phone**(_____) _____

T-Shirt Size: S _____ M _____ L _____ XL _____ XXL _____

Availability: **Please specify availability (1=morning, 2=afternoon, 3=evening, 4=all day):**

Sat. May 17 _____ **Sat. June 7** _____
Fri. June 13 _____ **Sat. June 14** _____ **Sun. June 15** _____
Fri. July 11 _____ **Sat. July 12** _____ **Sun. July 13** _____
Thur. July 17 _____ **Fri. July 18** _____ **Sat. July 19** _____ **Sun. July 20** _____
Sat. July 26 - Road Race AM Only _____ **Mon, July 28** _____

Have you volunteered with the Georgia Games before? _____ **YES** _____ **NO**

Are there any sports you would prefer NOT to volunteer with? _____

Are there any sports you would prefer to ONLY to volunteer with? _____

AGREEMENT, RELEASE AND WAIVER OF LIABILITY

In consideration of being permitted to participate in or assisting others in participating in the Georgia Games ("Games") related events and activities, on behalf of myself, or a minor child or ward, heir, next of kin, personal representative, successor or assign;

- (1) I ACKNOWLEDGE, UNDERSTAND AND DECLARE THAT:
 - (a) To the best of my knowledge, I am in GOOD PHYSICAL CONDITION and have no disease or injury that would be aggravated by participating in activities related to the Games;
 - (b) Participating or assisting others in participating in the Games may involve RISK OF INJURY TO ME, INCLUDING DEATH, LOSS OR DAMAGE TO ME OR MY PROPERTY, or other consequences, which might result not only from my own actions, inactions or negligence but also the actions, inactions or negligence of others, the rules of play, or the conditions of the premises or of any equipment used;
 - (c) There may be OTHER RISKS not known or not reasonably foreseeable; and Understanding All of the Above,
 - (2) I ASSUME ALL OF THE ABOVE RISKS AND RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, INDEMNIFY AND COVENANT NOT TO SUE:
 - (a) the State of Georgia or any of its agencies, the Georgia State Games Commission, its Commissioners, its employees or volunteers, coaches, trainers, officials affiliated with the Games;
 - (b) any affiliated subsidiary, successor, organization, or related companies or businesses, other participants, participating or sponsoring municipalities, governmental agencies, international organizations, agencies, sponsors, or advertisers, the respective administrators, officers, directors, agents, representatives, employees, or volunteers of such entities or organizations;
 - (c) the National Congress of State Games (NCSG), the United States Olympic Committee (USOC) and/or their respective representatives, officers, directors, employees, agents, successors, and assigns;
 - (d) owners, lessors and lessees of premises used to conduct the Games FROM ANY AND ALL LIABILITY FOR INJURY, INCLUDING DEATH, LOSS OR DAMAGE TO PERSON OR PROPERTY, OR ANY OTHER CONSEQUENCE in connection with entry in or arising out of participation in, performance in or lack of performance in, including travel en route to and from the Games.
 - (3) I AGREE THAT:
 - (a) Prior to participating as a volunteer, I, or in the case of a minor, a parent or guardian, will INSPECT the facilities and equipment to be used, and if I believe same to be unsafe, I will immediately REPORT such condition(s) to the athletic coach, supervisor or official connected with the Games of same and either DECLINE TO PARTICIPATE or ASSUME THE RISK of participating;
 - (b) I will ALLOW my PHOTOGRAPH, PICTURE or LIKENESS and /or VOICE to APPEAR in any official documentary, promotional (including any and all advertisements), television, radio or film coverage of the Games, WITHOUT COMPENSATION.
 - (4) I CONSENT TO:
 - ALL EMERGENCY MEDICAL TREATMENT as may be deemed appropriate under existing circumstances by medical personnel or personnel associated with the Games.
- I HAVE READ THIS FORM IN ITS ENTIRETY AND HAVE PROVIDED TRUTHFUL INFORMATION.

Name of Volunteer (print)

Signature of Volunteer

Date

Please fax or mail to: Georgia Games, PO Box 2043, Kennesaw, GA 30156-9100

Phone: (770)-528-3580 Fax: (770)-528-3590 e-mail: gagames@kennesaw.edu