

Montana Senior Olympic Volunteer form, June 15-17, 2017

Name: _____ Phone: _____

Address: _____ City: _____ State _____ Zip _____

T-shirt size/s _____ Preference for day or sport? _____

email (for confirmation & updates) **neatly**: _____

WAIVER & RELEASE OF LIABILITY

As a volunteer at the Montana Senior Olympics, I acknowledge and agree to the following:

I am aware that athletic activities and programs involve some inherent risks of physical injury. I fully realize the risks of working in the vicinity of this activity and voluntarily assume all risks, both known and unknown, associated with such activity. I further agree to comply with all instructions and directions of the staff while participating in this activity.

In consideration for the opportunity to participate, I hereby RELEASE, WAIVE, DISCHARGE and agree not to sue Senior Olympics, its employees and agents, other participants, organizers, volunteers, Cities of Ronan, Polson, & Pablo; Ronan, & Polson Public Schools, Salish Kootenai College. and all sponsors and sports venues from any and all liability, claims, demands, actions and causes of action arising out of or related to any loss, damage or injury that may be sustained by me or to any property belonging to me, whether caused by the negligence of those released, or otherwise, while assisting with the Senior Olympics.

I further agree to defend, indemnify and hold Senior Olympics, other participants, organizers, volunteers, Cities of Ronan, Polson, & Pablo; Ronan, & Polson Public Schools, Salish Kootenai College and all sponsors and sports venues harmless from any loss, liability, damage or costs, including court cost and attorneys' fees, that may be incurred due to my participation in this activity, regardless of the cause.

In signing this release, I intend to bind my spouse and family members, if I am alive and my heirs, if I am deceased. The representations and agreements herein are contractual. If a claim or suit is brought in violation of this agreement, I or my successors will be liable for the expenses incurred by Senior Olympics, other participants, organizers, volunteers, Cities of Ronan, Polson, & Pablo; Ronan, & Polson Public Schools, Salish Kootenai College and all sponsors and sports venues in defending against such claims or actions.

I have carefully read this agreement and fully understand its contents. I am aware this is a release of liability and sign it of my free will, and give permission as parents/guardians if volunteer is under the age of 18. I understand volunteers must be at least 15 years of age or older.

You may expect to hear from us in early June regarding your involvement. For information or query, please call Kay at (406) 3586-5543. We will try to accommodate your preferences as indicated on this form whenever possible

Participant signature _____ Date _____

Parent or guardian if under 18: _____ Date _____