



Atlantic Coast Triathlon
 October 17, 2010 - www.drcsports.com



Volunteer Application Form

Position Assigned _____

Please Print Carefully

(Official Use Only)

First Name: _____ Last Name: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____

Sex: **Male** **Female** (Circle One) Age: _____ Date of Birth: ____/____/____

T-Shirt Size _____ (S – M – L – XL – XXL) email: _____

In consideration of accepting this application to volunteer, 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 losses and damages I may have against the sponsors of the race and/or officials of said event, town, police, fire department, and their representatives, successors and assigns for any and all injuries suffered by me in said event. I attest and verify that I am physically fit and not under any medical restrictions or limitations, and that a licensed medical doctor has verified my physical condition. I understand that the course is open to vehicular traffic and will act with due care.

Volunteer Signature _____ Date _____
 (Parent or Guardian if under 18)

** Please email Stephanie Nichols at sstetter@gmail.com regarding volunteer positions.
 ** Forms can be returned via email, dropped of at either Chamber of Commerce location (102 Center St. or 961687 Gateway Blvd, Ste 101G) or mailed to: Stephanie Nichols, 876 Atlantic View Dr, Fernandina Bch, FL 32034.