

2009 Water's Edge/One Apparel Race Series

VOLUNTEER APPLICATION

Thank you for your interest in volunteering for one of our events. We appreciate your time with us. We want you to have an enjoyable experience - please help us by filling out the following form. Thanks!

Choose event: (Fill out one form per event)

<input checked="" type="checkbox"/>	Event Name:	Event Date:
	200m Dash, Deep Cove, BC (1 day event)	April 25, 2009
	Whistler Dragon Boat Festival, Whistler, BC (2 day event)	July 4-5, 2009
	Harrison DragonFest, Harrison Hot Springs, BC (1 day event)	July 25, 2009
	Seattle Dragon Boat Festival, Seattle, WA (2 day event)	August 22-23, 2009

First Name:		Last Name:	
Email:		Phone No:	
Emergency Contact Person:		Phone No:	
Relationship to you:		Please list any medical conditions we should be aware of:	

PLEASE CHECK OFF ANY OF THE BELOW VOLUNTEER POSITIONS THAT INTEREST YOU:

Festival Operations	Race Operations
<input type="checkbox"/> parking <input type="checkbox"/> equipment <input type="checkbox"/> set up/take down <input type="checkbox"/> other: _____ <input type="checkbox"/> information tent	<input type="checkbox"/> docks <input type="checkbox"/> start line <input type="checkbox"/> crew marshal area <input type="checkbox"/> other: _____ <input type="checkbox"/> finish line
Age <input type="checkbox"/> 15-18 <input type="checkbox"/> 18-39 <input type="checkbox"/> 40-65 <input type="checkbox"/> 65+	Gender <input type="checkbox"/> male <input type="checkbox"/> female

Water's Edge Sport Performance Inc (WE) requires your agreement on:

- I understand that I am representing WE during my time volunteering and agree to act in a professional manner at all times
- I grant permission for WE to use my name, photo or video image of me, and any comments made by me in writing or otherwise for promotional purposes in any form of media
- I understand that I cannot give medical advice. If someone is seeking medical information I will direct him or her to a medical professional.
- I hereby release, hold-harmless and waive all claims which may arise from any claim or action that I may have against WE, its employees, officers, directors, agents, volunteers and members with respect to the use of any of the above or my participation in any related WE activities while volunteering for WE.

Signature (parent/guardian if volunteer is under 18 years of age)	Date
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Please return completed form to Water's Edge:

FAX: 604.738.4993 Attn: Water's Edge – Festival Volunteers -or-

EMAIL: info@canpaddle.com Subject: Festival Volunteers -or-

MAIL: Water's Edge, Unit 105 - #101, 1001 West Broadway, Vancouver, BC, V6H 4E4

THANK YOU!