

TriMonroe, June 18, 2016
www.trimonroe.com

TriMonroe is an Elite Youth & Junior Championship for young athletes 13 to 18, both male and female. They, their coaches and parents come from all over the US and Internationally. Six separate waves take place during the day. Volunteers will be briefed on times and duties. THANKS FOR HELPING US MAKE TRIMONROE A SUCCESSFUL EVENT.

VOLUNTEER REGISTRATION

NAME: _____ **Home Phone** _____
Mailing Address: _____ **Work Phone** _____
City: _____ **Postal Code** _____ **Mobile Phone** _____
E-mail _____ **Age** _____
Occupation _____ **Special Skills** _____

Please check what areas you are interested in – You will be contacted by the appropriate coordinator to describe the help necessary: (check all that apply)

| Position | Times |
|--|---|
| Package Pick-Up/Registration (8) | _____ Friday 1:30pm – 5:00pm |
| Set Up/Road Crew - start/finish area (8) | _____ Friday 9:00 am – 2:00pm |
| Set Up/Road Crew - signage (4) | _____ Saturday 6:00 am – 7:00am |
| Transition Corral (2) | _____ Saturday 7:00am - 2:00pm(shifts) |
| Take Down (8) | _____ Saturday 3:00pm - 6:00pm |
| Finish Line (4) | _____ Saturday 7:30am - 2:30pm (shifts) |
| Traffic Control - Bike Course (6) | _____ Saturday 7:00am - 2:30pm (shifts) |
| Lifeguards (3) PAID POSITION | _____ Saturday 7:00 am – 2:00pm |
| Course Monitors/Parking (4) | _____ Saturday 7:00 am – 2:00pm |
| Water Aid Stations (4) | _____ Saturday (shifts) 8:30am - 2:00pm |
| Post Race Food (4) | _____ Saturday (shifts) 9:00am - 1:00pm |
| Race Officials (10) PAID POSITION | _____ Fri day 12:00pm - 5:00pm & Saturday 6:00am - 2:00pm |

PAID POSITIONS

Lifeguards: \$15/hr

Race Officials: receive training Friday afternoon and assist the National Officials. Stipend of \$75/each.

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 Total Health Events LLC, corporate sponsors, cooperating organizations, cooperating government entities, and any other parties connected with TriMonroe 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 TriMonroe Triathlon 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 17 yrs _____