VOLUNTEER FORM

LAST FIRST MI

NAME

ADDRESS

CITY/ST/ZIP

EMAIL

WORK PHONE ( ) –

HOME PHONE ( ) –

CELL PHONE ( ) –

FEMALE ☐ MALE ☐

Medical Volunteer Information

This event is endorsed by the Executive Council of Alabama Athletic Trainers (ALATA)

Position or School (for current students): _____

Employer Name or School Name (for current students): _____

I am Certified or Qualified in the following:

CPR Certified	❑ Yes	❑ No	EMT Qualified	❑ Yes	❑ No	MD Licensed	❑ Yes	❑ No
NATA Certified	❑ Yes	❑ No	First Responder Certified	❑ Yes	❑ No	PA Licensed	❑ Yes	❑ No
1st Aid Certified	❑ Yes	❑ No	Athletic Training Student	❑ Yes	❑ No	Nurse Registered	❑ Yes	❑ No

Other: _____

Volunteer Information

Please check the area(s) that you would like to be involved with:

❑ **Sport:** _____
❑ **Venue Check-In**
❑ **Meal Delivery**
❑ **Opening Ceremonies**
❑ **Logistics**
❑ **Other Area of Expertise:** _____
❑ **Media/Results**
❑ **Awards Presentations**

T-shirt Size _____

Please check the dates and times you will be available to volunteer.

Thursday, June 19	Friday, June 20	Saturday, June 21	Sunday, June 22
❑ Morning	❑ Morning	❑ Morning	❑ Morning
❑ Afternoon	❑ Afternoon	❑ Afternoon	❑ Afternoon
❑ Evening	❑ Evening	❑ Evening	❑ Evening

In consideration of the PARTICIPANTS being allowed to participate in any way in the ASF Foundation Alabama State Games program and related events and activities, the undersigned:

1. **ACKNOWLEDGE, FULLY UNDERSTAND** that the participant will be engaging in activities that involve risk or serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions, or negligence, but the actions, inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known or not reasonably foreseeable at this time.
2. **ASSUME** all the foregoing risks, known and unknown, and accept personal responsibility for the damages following such injury, permanent disability or death.
3. **RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, INDEMNIFY AND COVENANT NOT TO SUE** ASF Foundation, Inc., sponsor of Alabama State Games, National Congress of State Games, their affiliated clubs, their promoters, other participants, operators, officials, any persons in a restricted area, sponsors, advertisers, owners and lessees of premises used to conduct the event and each of them, their officers and employees, all of which are hereinafter referred to as "releasees", from any and all liability to each of the undersigned, his or her heirs, executors, administrators, successors, assigns and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.
4. **AUTHORIZE**, in the event that the participant sustains injury or illness while competing/participating in the Alabama State Games, any emergency first aid, medication, medical treatment or surgery deemed necessary by licensed medical personnel, and give permission for attending medical personnel to execute on behalf of the Participant permission forms or other necessary medical documents and to act on his or her behalf if he or she is not immediately available to do so.
5. **CONSENT** to allow the Participant's picture and/or likeness or voice to appear in any official documentary, promotional (including any and all advertisements) television, radio or film coverage of the Alabama State Games in any manner incidental to his or her participation in the ASF Foundation program, without compensation.

ALL OF THE UNDERSIGNED HAVE READ THE ABOVE WAIVER, RELEASE OF LIABILITY AND AUTHORIZATION OF MEDICAL TREATMENT, UNDERSTAND THAT THEY HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND ACKNOWLEDGE THAT THEY HAVE SIGNED IT VOLUNTARILY. THIS AGREEMENT CANNOT BE MODIFIED ORALLY BY ANY PARTY.

Signature _____ Date _____

For questions, 1-800-467-0422 or www.alagames.com

Please Return Form To:
ASF Foundation
P.O. Box 20327
Montgomery, AL 36120-0327