

THE GRAND COLUMBIAN - SEPTEMBER 18, 2010
VOLUNTEER REGISTRATION

NAME: _____ **Home Phone** _____
Mailing Address: _____ **Work Phone** _____
City: _____ **Postal Code** _____ **Mobile Phone** _____
E-mail _____ **Age (check one)** _____ **under 18 yrs** _____ **over 18 yrs**
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)

Race:	Comments
Race Package Assemblers _____ Pre-race	
Package Pick-Up/Registration _____ Friday 4:00 - 8:00 PM _____ Saturday 7:00 - 9:00 AM	
General Pre-Race Help _____ Race Week _____ Saturday	
Set Up Crew - Course and Expo _____ Friday 2:00 - 8:00 PM	
Take Down Crew _____ Sunday 8:00 - 12:00 AM	
Aid Station Set-up _____ Friday Evening 	
Body Marking _____ Saturday 7:00 - 9:00	
Swim: Shore Support _____ Saturday 8:30 - 11:00 AM	
Lifeguards _____ Saturday 8:30 - 11:00 AM	
Canoeists/Kayakers _____ Saturday 8:30 - 11:00 AM	
Powerboat Operators _____ Saturday 8:30 - 11:00 AM	
Motorcyclists _____ Saturday 9:00 - 3:00 PM	
Transition Area Swim to Bike _____ Saturday 7:00 - 11:00 AM	
Transition Area Bike to Run _____ Saturday 11:00 - 5:00 AM	
Cycle Course Aid Stations (3) _____ Saturday 8:30 AM – 4:30 PM	Location Preference:
Run Course Aid Stations (6) _____ Saturday 10:00 AM - 5:00 PM	
Finish Line _____ Saturday 11:30 - 5:30	
Security _____ Friday 10:00 PM - 6:00 AM	

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 the Grand Columbian Triathlon 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 Grand Columbian 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 19 yrs _____

Mail to Grand Columbian Triathlon c/o Grand Coulee Dam Area Chamber of Commerce, Box 760, Grand Coulee WA 99133-0760 OR drop off at 306 Midway, Grand Coulee E-mail info@thegrandcolumbian.com Fax 1-866-761-7505

For more information please call Lynne Hoskins (360) 325-0725 or Susan Miller at 1(800)coulee2 Thank you so much for your participation in this great event!