

24th ANNUAL
**APOSTLE ISLANDS
SLED DOG RACE**

BAYFIELD, WISCONSIN

2019 VOLUNTEER/ VOLUNTOURIST FORM

Please fill out a separate form for each volunteer participating in the program.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

*Please note: All volunteers must be 18 years of age or older.

EMERGENCY CONTACT: _____

PHONE NUMBER: _____

RELATIONSHIP TO THE VOLUNTEER: _____

Areas of interest (check all that apply): Please remember that this is a winter activity that involves being prepared to spend long stretches of time outside in cold/inclement weather. Please pack and dress accordingly to ensure your own comfort and safety.

Dog & Chute Handlers - We need 30 people or more each day to assist the mushers with getting teams from the parking areas to the chute and to assist them at the finish line. Handlers will assist with guiding the dog teams into the chute and retrieving the next team. No experience necessary.

Parking - Assistance needed both days, both prior to and during start of race.

Low Impact - If you would like to volunteer, but would rather stay on the sidelines, you can help out with volunteer check-in, at the merchandise table or at the information table.

Have you had previous experience with a sled dog event? If so, please describe:

Days & hours volunteers are needed (please check your available times):

Saturday, February 2: _____ All Day _____ AM Only

Sunday, February 3: _____ All Day _____ AM Only

Are there certain volunteers (who have also signed up to work) whom you would like to work with? If so, please list their names:

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2019 VOLUNTEER RELEASE FORM

PLEASE FILL OUT ONE 2019 VOLUNTEER RELEASE FORM FOR EACH PARTICIPATING VOLUNTOURIST

I, _____, hereby assume all risk associated with participating in/ all activities associated with the Apostle Islands Sled Dog Race, including but not limited to, any risks that may arise from negligence or carelessness on the part of the persons and entities operating on behalf of the Bayfield Chamber and Visitor Bureau, from dangerous or defective equipment, or property owned, maintained, or controlled by, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised against participation by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity.

I acknowledge that this accident waiver and release of liability form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibility at said activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action from myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I waive, release, and discharge from any and all liability, including but not limited to, liability arising from negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including traveling to and from this activity, the following entities and persons: Bayfield Chamber and Visitor Bureau and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;

(B) Indemnify, hold harmless, and promise not to sue the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of releasee or otherwise. I acknowledge that they are not responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that this activity involves certain physical risks and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants, but also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand that while participating in this event, I may be filmed or photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the Bayfield Chamber and Visitor Bureau and their licensees.

This accident waiver and release of liability form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I certify that I have read this document and I fully understand its contents. I am aware that this is a release of liability and a contract, and that I sign it of my own free will.

Volunteer Signature

Date

Name (Print)

Phone

Please email to:
jeremy@bayfield.org

—OR— mail to:
Bayfield Chamber & Visitor Bureau
PO Box 138, Bayfield, WI 54814

For more information, please call 715-779-3335.