

SOUTHERN ALBERTA SUMMER GAMES 2026

Volunteer Registration Form

Contact Information:

First Name:		Last Name:		Gender: Male Female Other	
				Age:	
T-Shirt Size (circle): Children S M L XL		Adult S M L XL XXL		Date of Birth: MM/DD/YYYY	
Region:		Address:		Postal Code:	
City/Town:	(Cell): (Home):	(Work):	Primary Email Contact: <i>Email is our primary way of contact up until the event</i>		
Medical Information Do you have a pre-existing medical condition/allergy of which we should be made aware? If so, please list:					
Emergency Contact (Name) (Phone Number)					

Do you have current Basic First Aid/CPR Training (within the last 3 years)? **YES NO**

Availability:

During Games

Date(s): July 8 July 9 July 10 July 11 ALL DAYS
Time(s): Wed A.M. Thurs A.M. Fri A.M. Sat A.M.
 Wed P.M. Thurs P.M. Fri P.M. Sat P.M. ALL TIMES

Area of interest: (Number all roles interested in beginning with 1 (most interested) and ascending)

Mascot		Medical (First Aid)		Facilities/Equipment		Medals	
Results		Ceremonies		General			
Specific Role (if sought)							

Sport: (Number all sports interested in beginning with 1 (most interested) and ascending)

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> 3/5/10 KM Run | <input type="checkbox"/> Ball Hockey | <input type="checkbox"/> Cribbage | <input type="checkbox"/> Frisbee Golf |
| <input type="checkbox"/> 3 on 3 Basketball | <input type="checkbox"/> Baseball | <input type="checkbox"/> Darts | <input type="checkbox"/> Min Soccer |
| <input type="checkbox"/> 5KM Cycling | <input type="checkbox"/> Beach Volleyball | <input type="checkbox"/> E-sports | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Archery | <input type="checkbox"/> Badminton | <input type="checkbox"/> Barrel Racing | <input type="checkbox"/> Badminton |
| <input type="checkbox"/> Athletics (Track) | <input type="checkbox"/> Cornhole | <input type="checkbox"/> Esports | <input type="checkbox"/> Trap Shooting |

Specific Sport (if sought): _____

Please return completed form to: Kaylee Hurt
 Town of Bow Island Office: 502 Centre Street, Bow Island, AB T0K 0G0
 Or E-mail: recreation@bowisland.com. Any questions call 403-545-2522 EXT 2.

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WAIVER FORM –County of Forty Mile - Southern Alberta Summer Games

In consideration of the acceptance of my participation with the County of Forty Mile and all of its related activities, I _____ agree to the following:

(Name of Participant)

1. I hereby agree to comply with the rules and policies of the County of Forty Mile and its Directors.
2. For myself, my executors, administrators, heirs, next of kin, successors, and assigns, I HEREBY:
 - a) Waive and release any and all claims that I may have against the County of Forty Mile and its committees, officers, directors, members, volunteers, employees, agents, sponsors of their successors or assigns (the "releases" including any and all claims for damages caused by negligence of any of them, arising out of my participation in any of the organization's activities or related events, together with any costs, including attorneys' fees, that may be incurred as a result of any such claim whether valid or not), and;
 - b) Indemnify and hold harmless and release each of them against any such claims, that I, my guests, or any one or more of my or their executors, assigns may have or assert and against any costs including attorney's fees with respect thereto.
3. I hereby acknowledge that I have sole responsibility for my personal possessions during my involvement and related activities.
4. I hereby acknowledge that participation carries with it inherent risks (potential hazard). I therefore release the "organizer", its events committee, their officers, directors, members, volunteers, employees, sponsors, of any liability resulting from injury or death during the event and its related activities.
5. I hereby attest and verify that I _____ am physically fit and that my
(Name of Participant)
physical condition has been verified by a licensed medical doctor.
6. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and or illness during the event.
7. I hereby permit the use of my name and picture in broadcast, telecast and the media as they pertain to the event.

MEDICAL WAIVER

The County of Forty Mile are not responsible for any injuries sustained by me during the 2026 Southern Alberta Summer Games. I hereby authorize the staff, volunteers and agents to seek medical assistance when required and for medical care to be administered.

All participants of their parent or guardian must sign the waiver and release form.

Signature of Applicant

Date

Witness Signature of Parent/Guardian
(if under 18 years)

Date

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