

3/20 Volunteer Application

Full Name: _____ Group name: _____

E-mail address: _____ T-shirt size: _____

Completed background check online (anyone 18 and older)

Health:

1. How would you describe your health? _____ Excellent _____ Good _____ Average _____ Poor
 2. Do you have any physical condition that may limit your ability to serve with 3/20?

 3. Are you currently taking or do you regularly take any medications? If so, please explain and note which are prescription and non-prescription.
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Additional Information:

1. Have you served with 3/20 before? Yes No
2. Based on your swim experience please rate yourself:
 Excellent Average Poor Don't swim
3. List your top three gifts/talents:
 - a. _____
 - b. _____
 - c. _____
4. Why would you like to serve with 3/20?

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Please write your testimony (using non church words) using the following outline:

1. What was your life like before coming to know Christ as your Savior?
2. When did you recognize you were a sinner (define sin), confess your sin and by faith accept Jesus as your Lord and Savior?
3. How has your life been different since becoming a follower of Christ and what are your personal devotional habits?

BACKGROUND INVESTIGATION CONSENT

I, _____, hereby authorize 3/20, Inc. and/or its agents to make an independent investigation of my background, references, character, past employment, education, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Volunteer Application and/or obtaining other information which may be material to my qualifications for volunteering now and, if applicable, during the tenure of my service with 3/20, Inc.

I hereby release 3/20, Inc. and/or its agents and any person or entity which provides information pursuant to this authorization from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all formation is contained herein is true and correct to the best of my knowledge:

Applicant's Legal Name (please print)

Social Security Number

Signature

Date signed

Date of Birth



**WORLD
WAKEBOARD
ASSOCIATION**

2016 WWA Release of Liability

(PLEASE PRINT)

Participant Name _____

Address _____

City: _____ **State:** _____ **Zip:** _____ **Country:** _____

Phone() _____

Date of Birth: ____/____/____ **WWA Membership#** _____

E-mail Address _____

RELEASE

In consideration of Participant, or for whom the parent or guardian is signing, being allowed to participate in any way in WORLD WAKEBOARD ASSOCIATION (hereinafter known as the WWA) athletics / sports program and related events and activities, Participant hereby, for himself/herself, his/hers heirs, and successors and, if applicable, for the minor for whom a parent or guardian is signing does: (1) Agree that prior to participating, Participant will inspect the facilities and equipment to be used, including Participants own equipment, and if Participant believes anything is unsafe, Participant will immediately advise his/her coach or supervisor and a tournament official, in writing, of such condition(s) and refuse to participate;(2) Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from Participants' own actions, inaction's or negligence, and also from the actions, inaction's 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 to the WWA or not reasonably foreseeable at this time; (3) Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death; (4) Release, waive, discharge, covenant not to sue and agree to indemnify, hold harmless and defend WWA, its affiliated clubs or affiliated organizations, their respective administrators, directors, agents, coaches, and employees, other participants, sponsoring agencies, sponsors, advertisers, the national governing bodies of participating divisions and tournaments, the tournament officials and, if applicable, owners and leasees of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from any and all liability to Participant, his or her heirs, relatives and friends for any and all claims, demands, losses or damages on account of injury to person, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise; (5) authorize WWA to seek, on Participant's behalf all reasonable medical and surgical care that might be necessary if Participant is unable to authorize such care himself/herself as a result of some injury; (6) Grant to WWA, the non-exclusive right to use Participant's name or likeness in any photographs, television or motion pictures taken of Participant during the tournament, for the limited purposes of EVENT promotion, broadcast, and news reporting, and this right to use under this sub-paragraph shall terminate on the 1st of 2017 WWA sponsored event, except for ESPN or other networks that may continue to rerun broadcasts of tournament coverage containing participant's likeness and name; (7) Agree that the Organizers have the right to control or prohibit advertising material used, worn, or displayed by me at the site during the tournament. Participant, or the minor for whom a parent or guardians signing, further understands WWA reserves the right to disqualify Participant and to refuse to allow participant to compete in the tournament for any reason that WWA deems just and proper, and in such event participant will be entitled to the return of his/her entry fee and no more.

**THE UNDERSIGNED HAVE READ THE ABOVE WAIVER AND RELEASE,
UNDERSTAND THE ABOVE WAIVER AND RELEASE, AND UNDERSTAND THAT
THEY HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT
VOLUNTARILY.**

Signature of Participant: _____

Signature of Parent or Guardian
(for minors only): _____

No participant will be permitted to ride in the event unless he (or a parent or guardian, in the case of a minor) has signed the responsibility release.