



# Show-Me State Games Volunteer Form



First Name: \_\_\_\_\_ Last Name : \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Employer/ Group Volunteer: \_\_\_\_\_

Have you volunteered with the Show-Me State GAMES before? **Y** **N**

Event: \_\_\_\_\_

How many years have you volunteered? \_\_\_\_\_

Where did you hear about the GAMES? \_\_\_\_\_

All volunteering assignments can be found at <https://smsg.org/volunteer/>

Search the link above or follow this QR code using your phone camera to register for a shift to voluneer



Please indicate below the dates and times for which you are available to volunteer. Times shown below are based on years prior. Specific times will be communicated at a later date. If you check "all" we will assume you would like to volunteer for the entire day. You will be contacted to confirm the exact time(s) and site(s) of your volunteer assignment(s).

**Missouri State Senior Games June 8-11 & Show-Me STATE GAMES July 21-23, July 28-30**

_____	Morning (7am-12pm)		Afternoon (12pm-4pm)		Evening (4pm-8pm)		All Day (7am-4pm)	_____
Date(s)								Sport Preference?

## Waiver of Liability

In consideration of my volunteering for the SHOW-ME STATE GAMES/Missouri State Senior Games, I, intending to be legally bound, do hereby for myself, executors and administrators waive, release and forever discharge any and all rights and claims for damages, including but not limited to any claims for loss, damages, injury or disease to my person or property arising out of my performance or failure of performance, from the State of Missouri, the Governor's Council on Physical Fitness and Health, the National Sports Governing bodies, the Curators of the University of Missouri, referees, referee assignors, referee organizations, the owner of the site of any festival or finals competition I may be participating in, their agents, representative, successors and assigns.

I, undersigned, also hereby authorize and consent to any first aid, medication, medical treatment deemed necessary in case of an emergency.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian's Signature  
(if volunteer is under the age of 18.)

Emergency Contact Name: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_