

# 3/20 Volunteer Application

Full Name: \_\_\_\_\_ Group name: \_\_\_\_\_

E-mail address: \_\_\_\_\_ T-shirt size: \_\_\_\_\_

☐ Completed background check online (anyone 18 and older)

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## 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?

# **3/20 Volunteer Application**

**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



## **2018 WWA RELEASE OF LIABILITY**

**WAKEBOARD WARNING, ASSUMPTION OF RISK, RELEASE OF LIABILITY & INDEMNIFICATION AGREEMENT**  
**PLEASE READ CAREFULLY BEFORE SIGNING. THIS IS A RELEASE OF LIABILITY & WAIVER OF LEGAL RIGHTS.**

**1. Definitions.** The person who is participating in wakeboarding competition or any WWA event shall be referred to hereinafter as "Participant". The "Undersigned" means only the Participant when the Participant is age 18 or older OR it means both the Participant and the Participant's parent or legal guardian when the Participant is under the age of 18. "Released Parties" means: The World Wakeboard Association (WWA), their sponsors, event organizer(s), site owner/lessee or any of their respective successors in interest, affiliated organizations and companies, insurance carriers, agents, employees, representatives, competition officials, assignees, officers, directors, members, and shareholders. The "Activity" means taking part in wakeboarding competition or any WWA event, and using the wakeboarding facilities or boats for any purpose.

**2. Risks of Activity.** The Undersigned agree and understand that taking part in the Activity can be HAZARDOUS AND INVOLVES THE RISK OF PHYSICAL INJURY AND/OR DEATH. The Undersigned acknowledge that the Activity is inherently dangerous and fully realize the dangers of participating in the Activity. The risks and dangers of the activity include, but are not limited to: negligence of Participant, water conditions, tides, currents, wakes, collisions with other participants, watercraft and other manmade and natural objects, weather conditions, capsizing, sinking, exposure to elements, slips and falls, equipment failure and/or defects, operator error, mental distress from exposure to any of the above, and negligence of others. THE UNDERSIGNED ACKNOWLEDGE AND UNDERSTAND THAT THE DESCRIPTION OF THE RISKS LISTED ABOVE IS NOT COMPLETE AND THAT PARTICIPATING IN THE ACTIVITY MAY BE DANGEROUS AND MAY INCLUDE OTHER RISKS. FURTHER PARTICIPANT AGREES THAT PRIOR TO PARTICIPATING, PARTICIPANT WILL INSPECT THE FACILITIES AND EQUIPMENT TO BE USED, INCLUDING PARTICIPANT'S OWN EQUIPMENT, AND IF PARTICIPANT BELIEVES ANYTHING IS UNSAFE WILL IMMEDIATELY ADVISE HIS/HER COACH OR SUPERVISOR AND A COMPETITION OFFICIAL, IN WRITING OF SUCH CONDITION(S) AND REFUSE TO PARTICIPATE.

**3. Release, Indemnification, and Assumption of Risk.** In consideration of the Participant being permitted to participate in the activity, the Undersigned agree as follows:

(a) Release. THE UNDERSIGNED HEREBY IRREVOCABLY AND UNCONDITIONALLY RELEASE, FOREVER DISCHARGE, AND AGREE NOT TO SUE OR BRING ANY OTHER LEGAL ACTION AGAINST THE RELEASED PARTIES with respect to any and all claims and causes of action of any nature whether currently known or unknown, which the Undersigned, or any of them, have or which could be asserted on behalf of the Undersigned in connection with the Participant's participation in the Activity, including, but not limited to claims of negligence, breach of warranty, and/or breach of contract.

(b) Indemnification. The Undersigned hereby agree to indemnify, defend and hold harmless the Released Parties from and against any and all liability, cost, expense or damage of any kind or nature whatsoever and from any suits, claims or demands, including legal fees and expenses whether or not in litigation, arising out of, or related to, Participant's participation in the Activity. Such obligation on the part of the Undersigned shall survive the period of the Participant's participation in the Activity.

(c) Assumption of Risk. The Undersigned agree and understand that there are dangers and risks associated with the participation in the Activity and that INJURIES AND/OR DEATH may result from participating in the Activity, including, but not limited to the acts, omissions, representations, carelessness, and negligence of the Released Parties. By signing this document, the Undersigned recognize that property loss, injury and death are all possible while participating in the Activity. RECOGNIZING THE RISKS AND DANGERS, THE UNDERSIGNED UNDERSTAND THE NATURE OF THE ACTIVITY AND VOLUNTARILY CHOOSE FOR PARTICIPANT TO PARTICIPATE IN AND EXPRESSLY ASSUME ALL RISKS AND DANGERS OF THE PARTICIPATION IN THE ACTIVITY, WHETHER OR NOT DESCRIBED ABOVE, KNOWN OR UNKNOWN, INHERENT, OR OTHERWISE.

**4. Minor Acknowledgment.** In the case of a minor Participant, the Undersigned parent or legal guardian acknowledges that he/she is not only signing this Agreement on his/her behalf, but that he/she is also signing on behalf of the minor and that the minor shall be bound by all the terms of this Agreement. Additionally, by signing this Agreement as the parent or legal guardian of a minor, the parent or legal guardian understands that he/she is also waiving rights on behalf of the minor that the minor otherwise may have. The Undersigned parent or legal guardian agrees that, but for the foregoing, the minor would not be permitted to participate in the Activity. By signing this Agreement without a parent or legal guardian's signature, Participant, under penalty of fraud, represents that he/she is at least 18 years of age. If signing as the parent or guardian of a minor Participant, signing adults represent that they are a legal parent or guardian of the minor Participant.



**5. Medical Care.** Undersigned authorize the Released Parties and/or their authorized personnel to call for medical care for Participant or to transport Participant to a medical facility or hospital if, in the opinion of such personnel, medical attention is needed. Undersigned agree to pay all costs associated with such medical care and related transportation.

**6. Miscellaneous.** The Undersigned further agree and understand: (a) Participant will not engage in any activities prohibited by any applicable laws, statutes, regulations and ordinances; (b) this Agreement shall be governed by the laws of the State of Florida and the exclusive jurisdiction and venue for any claim arising out of this Agreement shall be the state courts located in Polk County, Florida and Undersigned expressly agree and consent to jurisdiction in said courts; (c) Participant grants to WWA, the non-exclusive right to use Participant's name or likeness in any photographs, television or motion pictures taken of Participant during, training, competition, demos, or other WWA event for the purpose of EVENT promotion; (d) This Agreement constitutes the entire agreement between the parties hereto and supersedes any and all prior contracts, arrangements, communications, or representations, whether oral or written, between the parties relating to the subject matter hereof; and (e) the Undersigned understand and acknowledge that this Agreement is a contract and shall be binding to the fullest extent permitted by law. If any part of this Agreement is deemed to be unenforceable, the remaining terms shall be an enforceable contract between the parties. It is the intent of the Undersigned that this agreement shall be binding upon the assignees, subrogors, distributors, heirs, next of kin, executors and personal representatives of the Undersigned.

**I HAVE CAREFULLY READ THE FOREGOING ASSUMPTION OF RISK, RELEASE OF LIABILITY & INDEMNIFICATION AGREEMENT AND UNDERSTAND ITS CONTENTS. I AM AWARE THAT I AM RELEASING LEGAL RIGHTS THAT OTHERWISE MAY EXIST.**

\_\_\_\_\_  
Printed Name of Participant                      Signature of Participant                      Date

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian #1      Signature of Parent/Legal Guardian #1      Date

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian #2      Signature of Parent/Legal Guardian #2      Date

\_\_\_\_\_  
Address    Telephone

Emergency Contact: \_\_\_\_\_  
Printed Name                                      Telephone                                      NAME/RELATION

DATE OF BIRTH \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

EVENT NAME \_\_\_\_\_



## Participation Agreement and Release of Liability

(This document affects your legal rights. You must read  
and understand it before initialing and signing it.)

Participants Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

If under age 18, Name of Parent or /Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

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

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

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

City, State, Zip: \_\_\_\_\_

Group Name: \_\_\_\_\_

Insurance carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_

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

\_\_\_\_ Yes, I would like to receive electronic newsletters from 3/20

### ACTIVITIES PARTICIPANT MAY TAKE PART IN:

Waterskiing; Wakeboarding; Kneeboarding; Wake Skating; Wake Surfing; Swimming; Walking; Running; Spectating; and any travel related to any of the foregoing activities.

Activities NOT Allowed by Parent or Guardian: \_\_\_\_\_

Named Student takes the following prescription medications on a regular basis: (List) \_\_\_\_\_

Known Allergies (food, medications, or stings/bites): \_\_\_\_\_

I, the above-named person being eighteen or older in age, or the parent or legal guardian of the above-named Participant who is under age 18, in consideration of the services provided by 3/20, and the right to engage in the Participation Activities as a participant and/or volunteer, hereby acknowledge, agree, promise and covenant with 3/20, its partners, and volunteers on behalf of myself, my heirs, assigns, personal representatives and estate as follows:

**ACKNOWLEDGMENT OF RISKS:** I UNDERSTAND AND ACKNOWLEDGE that the Participation Activities in which I (all references to I, me, myself or my, refer to my minor child if I am signing on behalf of my minor child) am about to voluntarily engage in bear certain anticipated and unanticipated risks which could result in INJURY, DEATH, PARALYSIS, ILLNESS OR DISEASE, PHYSICAL OR MENTAL DAMAGE to myself, to my property or to other parties or their property. These risks include but are in no way limited to the following:

**ACCEPTANCE OF RISK AND RESPONSIBILITY:** I VOLUNTARILY AGREE, COVENANT AND PROMISE TO ACCEPT AND ASSUME ALL RESPONSIBILITIES AND RISK FOR INJURY, DEATH, PARALYSIS, ILLNESS, OR DISEASE to myself or to my property or other parties and their property arising from my participation in the Participation Activities, EVEN IF ARISING OUT OF THE NEGLIGENCE OF THE RELEASED PARTIES or others. My participation in the Participation Activities is purely voluntary; no one is forcing me to participate in spite of the risks.

### MEDICAL CARE, PARTICIPANT INSURANCE BENEFITS AND REPRESENTATION OF PHYSICAL CONDITIONS:

I UNDERSTAND AND ACKNOWLEDGE that no major medical or accident insurance benefits will be provided to me during participation or viewing of, the Participation Activities. I certify that I have sufficient health, accident, and personal liability insurance to cover any bodily injury or property damage that I may incur while participating in the Participation Activities, and to cover bodily injury or property damage caused to another party as a result of my participation in the Participation Activities. If I have no such insurance, I certify that I am capable of personally paying for any and all such expenses or liability. I FURTHER ACKNOWLEDGE that I am in good physical and mental health, and not suffering from any condition, disease or disablement, which would or could potentially affect participation in the Participation Activities. I give my consent and permission to 3/20 and medical personnel to obtain or administer on my behalf or on behalf of my minor child, first aid and emergency medical treatment in case of sickness, accident, injury and to secure medical care at my expense and to make decisions concerning medical care if I am unable to do so or if in the case of my minor child, I am unable to be reached. I give consent for drug testing to be performed in the event of any accident or during the course of any medical care or treatment for myself or my minor child.

**PHOTO & VIDEO RELEASE:** I for just and sufficient consideration, receipt of which is hereby acknowledged, hereby irrevocably grant 3/20 its successors and assignees the right to record my likeness and/or voice on tape, film or videotape, to edit such tape, film or videotape at our discretion; to incorporate the same into motion picture or television or radio commercial for 3/20; and to use or authorize the use of such tape, film and videotape or any portion thereof in any manner or media at any time through the world in perpetuity and to use my likeness, voice and biographical and other information concerning me in connection therewith including promotion in all media. I hereby release you and anyone using said film, videotape, or other material from any and all claims, damages, liabilities costs and expenses which I now have or may hereafter have by reason of any use thereof.

- 1) The risks which are inherent in the activities of waterskiing, wakeboarding, wake skating, wake surfing, and kneeboarding, including, but not limited to falling, coming in contact with other structures and devices, other equipment or persons;
- 2) The acts or omissions or negligence in any degree by 3/20, or any of its partners, or volunteers (collectively the "Released Parties").
- 3) Latent or apparent defects or conditions in equipment or property supplied by 3/20, or other persons or entities;
- 4) My own physical condition and skill level or my own acts or omissions;
- 5) The condition of any boat, and accidents connected with their use;
- 6) First aid, emergency treatment or other services rendered by 3/20 or others;
- 7) Consumption of any food or drink, whether or not provided by 3/20 or others, and untreated water from the environment.

I UNDERSTAND AND ACKNOWLEDGE that the above list is not complete or exhaustive, and the other risks, known or unknown, identified, or unidentified, anticipated or unanticipated may also result in injury, death, illness, disease or damage to myself or to my property or to other parties and their property.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS 3/20, their officers, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers and, if applicable, owners and lessors of premises used for the Participation Activities, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property associated with my presence or participation, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASED PARTIES OR OTHERWISE, to the fullest extent permitted by law.

I, the undersigned, have read the above waiver and release, understand the above waiver and release, and understand that I have given up substantial rights by signing it and sign it voluntarily. I am of sound mind, and not under the influence of any drugs or alcohol at this time; I agree to follow any and all instructions of 3/20 including but not limited to, the no drug/no alcohol policy while participating with 3/20; I am in good health, suffering from no physical disabilities which might impair my capabilities. My signature below indicates that I have read this entire document, understand it completely, and agree to be bound by its terms. If I am the parent or guardian of the Participant, I agree to be bound by the terms and conditions of this agreement and shall be responsible for the actions of the Participant.

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**Participant's Signature**

**Date Signed**

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**Signature of Parent/Guardian**

**Date Signed**