

AMAZING CHARITY RACE TEAM CHANGE FORM

Person(s) Being Replaced:

Last Name	
First Name	
Last Name	<i>IF APPLICABLE</i>
First Name	<i>IF APPLICABLE</i>

New Team Name: *IF APPLICABLE*

New Team Type (circle one): Parent/Child Male/Male Female/Female Male/Female

1st New Participant:

Last Name	
First Name	
Email	
Phone # <small>(with area code)</small>	
Shirt Size <small>Adult Small-3XL</small>	<i>NO SIZE CHANGES FROM ORIGINAL REGISTRATION AFTER MID-MAY</i>
Date of Birth	<i>MUST BE AT LEAST 13. AGES 13-15 MUST HAVE TEAMMATE AT LEAST 18.</i>
Age	

2nd New Participant:

Last Name		<i>IF APPLICABLE</i>
First Name		<i>IF APPLICABLE</i>
Email		
Phone # <small>(with area code)</small>		
Shirt Size <small>Adult Small-3XL</small>		<i>NO SIZE CHANGES FROM ORIGINAL REGISTRATION AFTER MID-MAY</i>
Date of Birth		<i>MUST BE AT LEAST 13. AGES 13-15 MUST HAVE TEAMMATE AT LEAST 18.</i>
Age		

Waiver

I, the undersigned, waive and release myself, my heirs, executors and administrators, any and all rights and claims for damages, demands and any other actions whatsoever, which I may have against the race organizers, host Government entities, all participating sponsors and supporters of those entities, successors, representatives and assigns, arising out of my participation in this event. This includes any and all injuries suffered by me as a result of my participation in this event and or damage to my personal equipment. I consider myself adequately trained for the completion of this event. Should I suffer an injury or illness, I authorize officials of the emergency services to use their discretion to have me medically treated and transported to a medical facility and I solely take full responsibility for this action and all my actions related to this event.

1st New Participant - Print & Sign

2nd New Participant - Print & Sign (if applicable)

Scan & Email completed/signed form to: dconno@racedmc.com

OR Mail to: Don Connolly, 1445 Sigma Circle, Cinti OH 45255