

AMAZING RACE FOR CHARITY .COM

Race Date: April 1, 2017

Location: Eustis, Florida

TEAM CHANGE REQUEST

*Please indicate the person(s) being replaced and give us the name of the new person(s).
If the team name is changing, please indicate as well.
Any new participant needs to sign the waiver at the bottom.*

NEW TEAM NAME (if different): _____

DIVISION (Circle One): Male/Male Female/Female Male/Female Parent/Child Corporate Cup

BEING REPLACED: _____

BEING REPLACED: _____

NEW NAME 1: _____

NEW NAME 2: _____

EMAIL: _____

EMAIL: _____

PHONE: _____

PHONE: _____

SHIRT SIZE (S-2XL): _____

SHIRT SIZE (S-2XL): _____

PLEASE READ THE WAIVER AND SIGN BELOW:

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. **YOUR PARENT OR GUARDIAN MUST SIGN IF YOU ARE UNDER 18**

NEW #1 Signature: _____

Date: _____

NEW #2 Signature: _____

Date: _____

Return by email to amazingracecharity@gmail.com or mail to:

Amazing Race for Charity
PO Box 1268
Eustis, Florida 32727