

castlewood cup

15K TRAIL RACE

TRANSFER FORM

ORIGINAL ENTRANT

Name: _____ DOB: _____

State: _____ Zip: _____ Male Female

NEW ENTRANT

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: (____)____-_____

Email: _____ Male Female

TRANSFER FEE \$5

Payment Method: Cash Check (made payable to Big River Race Management)

Waiver of Liability: Waiver of Liability: In consideration of your accepting this entry, I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors and administrators, waive and release any and all claims for damages, demands, actions and causes of actions against Big River Running Company, LLC, Big River Race Management, LLC, Castelwood State Park, their affiliates, subsidiaries, officials, representatives, employees, successors and assigns for any and all injuries suffered by me in this event. I attest and verify that I am physically fit and have sufficiently trained for the competition of this run. Further, I hereby grant full permission for the free use of my name and/or any photographs, videotapes, motion pictures, recordings, or any other record of this event for any legitimate purpose.

Signature (Parent/Guardian if child is under 18)

PLEASE BRING COMPLETED FORM TO PACKET-PICK UP

FOR STORE USE ONLY:

BIB# _____