

## New Runner Change Form

Name \_\_\_\_\_ Sex: M\_\_ F\_\_

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

Phone Number \_\_\_\_\_ D.O.B. \_\_\_\_\_

I am registered to run in **Minnesota**\_\_\_\_ **Chicago**\_\_\_\_

**Please write in the name of the Race and Distance  
you are currently registered to run:** \_\_\_\_\_

**Change Fee \$25 (New participant must complete the New Runner Information Below)**

## New Runner Information

Name \_\_\_\_\_ Sex: M\_\_ F\_\_

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

Mailing Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Date Of Birth \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Shirt Size: Women's\_\_ Men's\_\_ XSmall\_\_ Small\_\_ Med\_\_ Large\_\_ XLarge\_\_ XXLarge\_\_

**I am participating at my own risk and waive all claims of every nature against the organizers, officials, sponsors, and any other participating agencies with respect to any personal loss, illness, bodily injury or death resulting from participating in these activities. I also fully understand the rigors of such competition and have prepared myself physically for the race.**

**At the time of registration, I will inform the race organizers regarding any relevant medical condition. I agree to follow the rules which govern road racing. I, the undersigned, have read the above waiver and release, and understand that I have given up substantial rights by signing it, and sign it voluntarily. I grant to Team Ortho and its sponsors and licensees the exclusive right to the free use of my name, voice and/or picture in any broadcast, telecast, advertising, promotion or other account of this event. I acknowledge that my entry fee is non-refundable and non-transferable, even if the race is cancelled or the course is changed.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Mail form(s) w/ payment to: **Team Ortho Foundation**  
PO Box 490  
Rosemount, MN 55068

FOR OFFICE USE ONLY				
Old Bib#	New Bib #	CK#	AMT	RCV