

New Runner Change Form

Name _____ Sex: M__ F__

Email Address _____

Phone Number _____ D.O.B. _____

I am registered to run in Chicago MN

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 550

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