



Team Member Substitution Form Corporate Challenge

TEAM NAME _____

COMPANY _____

TEAM MEMBER BEING REPLACED

Name: _____

NEW TEAM MEMBER

Name: _____

Gender: M F

Shirt Size: Small Medium Large XL XXL

Age on Race Day (7/19/17): _____

Email: _____

INSTRUCTIONS

Please email this form to the race director (tom.gifford@ymcaharrisburg.org) by Friday, July 7th OR bring this with you to packet pickup. Times and locations for packet pickup are listed at ymcarun.com/info-mile/

There will be no team substitutions on race day (Wednesday, July 19th)

WAIVER *In consideration of you accepting this entry, I, the participant, intending to be legally bound and hereby waive or release any and all right and claims for damages or injuries that I may have against the Event Director, RunSignup.com, and all of their agents assisting with the event, sponsors and their representatives and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees. I also authorize the use of photographs or videos that include my image for promotional, informational, or other reasons deemed to be in the best interest of the event.*

I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that my physical condition has been verified by a licensed Medical Doctor. By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above waiver.

Signature of new team member: _____