

Race Coast to Coast of Indiana to Benefit the Cystic Fibrosis Foundation

ENTRY (or Substitution) FORM Application must be received by June 30 to have T-shirt by race day. Send application with Credit Card Info or Check payable to Race Coast to Coast c/o Luke Becknell, 1207 E. Center St. Warsaw, In. 46580

Team # (Office Use)

Team Data

Coast to Coast Relay \$ 50.00 per rider = _____
 Extra T-Shirts (size: __, # __) @ 15.00 = _____
 Total enclosed _____
 Visa/Mastercard # _____
 Team Estimated Average Speed (Circle one) [16-19] [19-22] [22 +]

 Team Sponsor (optional) _____
 Team Name (optional) _____
 Team Captain e-mail _____

 Team Captain: Last Name _____ First Name _____ Phone Number _____

Team Member 1 _____ Sex [M] [F] _____
 Last Name _____ First Name _____ Date of Birth _____ T-Shirt Size _____
 Address _____ City _____ State _____ Country _____ Zip _____ e-mail address _____

Team Member 2 _____ Sex [M] [F] _____
 Last Name _____ First Name _____ Date of Birth _____ T-Shirt Size _____
 Address _____ City _____ State _____ Country _____ Zip _____ e-mail address _____

Team Member 3 _____ Sex [M] [F] _____
 Last Name _____ First Name _____ Date of Birth _____ T-Shirt Size _____
 Address _____ City _____ State _____ Country _____ Zip _____ e-mail address _____

Team Member 4 _____ Sex [M] [F] _____
 Last Name _____ First Name _____ Date of Birth _____ T-Shirt Size _____
 Address _____ City _____ State _____ Country _____ Zip _____ e-mail address _____

Team Member Replaced: (IF SUBSTITUTION)

_____ Last Name _____ First Name _____

I know that riding in a roadrace, regardless of the distance, is a potentially hazardous activity. I should not enter and participate unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete this roadrace and I further agree that race officials may authorize necessary emergency treatment for me. I also understand that police protection will not be provided, and both vehicle traffic and spectators will be present along the course and I assume the risk of running under such conditions. I will also follow all vehicular traffic laws of the State of Indiana and local municipalities. I further assume any and all other risks associated with participating in the 2005 COAST TO COAST OF INDIANA RELAY (hereinafter "the event") including, but not limited to illness, traveling to and from the event, falls, contact with spectators or other participants, the effects of the weather (including temperature extremes, lightning, precipitation and humidity) and the surface condition of the roads and highways, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of the acceptance of my entry, I hereby for myself, my heirs, my executors, administrators or anyone else who might claim on my behalf, covenant not to sue, and waive, release and discharge Race Director Luke Becknell, the Cystic Fibrosis Foundation, The Coast To Coast of Indiana Relay, race officials, volunteers and any and all other sponsors, suppliers, agents, independent contractors, employees and any other personnel in any way assisting or connected with this event from any and all claims or liability of any kind or nature whatsoever arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons or parties named in this waiver.

Signed: _____