



TRANSFER FORM

PLEASE BRING COMPLETED FORM TO PACKET-PICK UP

ORIGINAL ENTRANT

Name: _____

DOB: _____ Male Female

Address: _____

City: _____ State: _____ Zip: _____

Race Distance: 10 Mile 4 Mile

NEW ENTRANT

Name: _____

DOB: _____ Male Female

Address: _____

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

Email: _____

Race Distance: 10 Mile 4 Mile

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, Indian Camp Creek Park, St. Charles County Government, 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)

**FOR STORE USE ONLY
TRANSFER FEE \$5**

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

BIB# _____