



GG Relay

Use for substitutions or parent signatures. May be photocopied.

One runner or walker may substitute for another at TheRelay.com without cost.
Substitutions are \$20 per participant (cash or check to Golden Gate Relay) at the Start with this form.

Team Name												
Last Name			First Name			Birthdate		Gender		Minute per mile pace		
Email			Day Telephone			Evening Telephone		Min.		Sec.		
Address				Apt. #	City/Province				State	Country	Zip/Postal Code	
Occupation						Company						

I am substituting for (fee is \$20) Last Name First Name

TheRelay.com
run@TheRelay.com
650.508.9700

Golden Gate Relay
570 El Camino Real, Suite 150-330
Redwood City, CA 94063

Waiver: In consideration of my participation in the Golden Gate Relay, I the undersigned, for myself, my heirs, executors, administrators and assigns, forever waive, release, and give up any and all claims, demands, liability, damages, costs and expenses of any kind whatsoever for death, personal injury or loss of property against the Golden Gate Relay, Organs R Us, California Highway Patrol and Department of Transportation, Golden Gate Bridge Highway and Transportation District, National Park Service GGNRA, Presidio Trust, Santa Cruz, all cities, counties, parks, sponsors and entities listed at TheRelay.com, OrgansRUs.org or in the Golden Gate Relay Racebook and all of the above officers, shareholders, directors, employees, representatives, agents, contractors, subcontractors, sponsors and volunteers, which may arise from my participation in the Golden Gate Relay or while traveling to or from the event. This release is valid even if such damages, injuries or loss should be caused in part by the negligence or other fault of the parties or persons I am hereby releasing by dangerous or defective condition of any property or equipment owned, maintained or controlled by them and/or because of their liability without fault. I fully understand I am forever giving up in advance any right to sue or make claims against the parties I am releasing if I suffer injuries and damages even though I do not know specifically what the nature and extent of those injuries and damages might be and I am voluntarily assuming the risk of such injuries and damages. I understand that there are no road closures or aid stations. I will assume my own medical and emergency expenses in the event of an accident or other incapacity or injury resulting from or occurring during my participation. I grant full permission to the Golden Gate Relay to obtain photographs, motion pictures, video recordings or any other record of the event and to use them for any purpose whatsoever. I understand and voluntarily accept everything written above.

Participant Signature _____ Date _____ Signature of Parent or Legal Guardian if under 18 _____