






Registration

Complete highlighted areas before arriving at Start.

Bib No. _____ Team Name _____

	Safety (bring items to Registration)
	2 vehicles
	2 vehicle signs "CAUTION - Runners/Walkers on Road"
	2 reflective vests
	2 flashlights
	2 rear blinking lights
	I have read and understand the Rules and Safety Instructions.

	Documentation
	Roster/Waiver (with signatures)
	Organs R Us fundraising (\$600 per team minimum) complete
	Volunteers (2 per team) registered (unless team is exempt)
	Copies of driver licenses if Submasters/Masters competitive team
	Substitutions \$20 (captains may substitute online without a fee)

	Received by Team
	1 Baton
	12 Bibs (must wear on front)
	4 Van numbers (colored signs on Van 2 front and back passenger side)

	Survey
	I rented _____ vehicle(s) from _____.
	I rented _____ hotel room(s) from _____.
	I rented _____ hotel room(s) from _____.

Captain (print name)

Signature

Date

Team Name: _____ **Start:** _____ **Bib:** _____

List walkers in order and submit this form at the Start with signatures. Competitive teams must walk in order. Competitive Submasters and Masters teams must submit a copy of each walker's driver license. Parents must sign for walkers under age 18.

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.


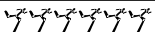
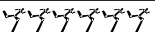
WALKER	Print Name	Signature (of parent if under age 18)	Date
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

VOLUNTEER	Print Name	Signature (of parent if under age 18)	Date
1			
2			



Team Time Record

Team Name: _____ Start: _____ Bib: _____

Leg*	Walker Name**	Distance/ Difficulty	Time of Exchange**	Walker Leg Time	Min./Mile Pace	Cumulative Team Time
13		6.0 M				
14		5.0 H				
15		6.5 H				
16		5.3 E				
17		4.9 E				
18		5.8 H				
19		7.0 H				
20		5.9 H				
21		6.5 M				
22		4.2 E				
23		3.7 E				
24		5.9 M				
25		5.5 E				
26		4.2 E				
27		5.6 E				
28		3.6 E				
29		4.5 VH				
30		3.1 VH				
31		6.2 M				
32		4.9 E				
33		6.5 E				
34		5.8 VH				
35		3.2 E				
36		6.2 E				
 Finish		126.0				

*Walk Legs are 13–36 (not 1–24) to avoid issues with emergencies.

**Complete Walker Name and Time of Exchange (clock time of baton transfer) columns to receive medals at the Medals Booth. Photograph this form to retain a copy.