

**LAND AND SKY RELAY
TEAM MEMBER SUBSTITUTION**

PERSON NO LONGER RUNNING

LAST NAME _____ FIRST NAME _____

CITY _____ STATE _____ ZIP CODE _____

EMAIL _____

SIGNATURE

DATE

NEW TEAM MEMBER

LAST NAME _____ FIRST NAME _____

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP CODE _____

EMAIL _____

GENDER: M F DATE OF BIRTH ____/____/____ (Min age is 21)

SHIRT SIZE: S M L XL XXL

EMERGENCY CONTACT _____ PHONE _____
(Someone not running the race)

MEDICAL ISSUES _____

New team members will receive an email from race management asking them to complete and sign the electronic waiver of liability. Race packets will not be released without this waiver having been signed.

Mail To: Glory Hound Events, PO Box 19256, Asheville, NC 28815 or email to greg@gloryhoundevents.com

DEADLINE FOR US TO RECEIVE SUBSTITUTION FORM BY MAIL OR EMAIL IS OCTOBER 25, 2021. YOU MAY BRING THIS FORM TO PACKET PICK UP.