

3rd Annual

# FORT4FITNESS

HEALTH FESTIVAL • HALF MARATHON • 4 MILE RUN/WALK • KIDS & SENIORS MARATHON

Fort Wayne, Indiana • September 24-25, 2010



## 2010 Fort4Fitness Event Change Request Form

### Part 1 – Identify Registrant

Last Name		First Name		MI
Address				
City	State/Prov	Postal Code	Country (if not US)	
Email Address		Telephone <input type="checkbox"/> Day <input type="checkbox"/> Eve <input type="checkbox"/> Cell		

### Part 2 – Request to Switch Events (Do NOT use this form to transfer your entry to another person)

I am currently registered for the:

**Half Marathon**

Note: The \$25 event price difference is not refunded if transferring from the Half Marathon to the 4 Mile but there is no processing fee.

I want to switch my registration to the:

**4 Mile Run/Walk**

**4 Mile Run/Walk (Competitive Wheelchair)**

**4 Mile Walk (Self-propel wheelchair at WALKING pace)**

**4 Mile Walk (WALK PUSHING another in a wheeled device e.g Stroller, Wheelchair) (Complete Part 3)**

**OR**

**4 Mile Run/Walk (any category)**

Note: There is no fee if just changing the category designation for the 4 Mile

**Half Marathon (a \$35 fee applies which includes the \$25 difference in event cost plus \$10 processing fee)**

**4 Mile Run/Walk (STOP – You do not need to complete this form and send it in)**

**4 Mile Run/Walk (Competitive Wheelchair)**

**4 Mile Walk (Self-propel wheelchair at WALKING pace)**

**4 Mile Walk (WALK PUSHING another in a wheeled device e.g Stroller, Wheelchair) (Complete Part 3)**

### Part 3 – Stroller Liability Waiver and Release (only if required as noted above)

The following is only applicable and required if the "WALK PUSHING another in a wheeled device" was selected above.

I certify that I am the parent or legal guardian of the occupant(s) named below (hereinafter "Occupant") of the stroller, wheelchair or similar device (hereinafter "Stroller") who is (are) of minor age or otherwise incapacitated and that I have the legal capacity and authority to bind the Occupant to the Omnibus Fort4Fitness Event Liability Waiver and Release (hereinafter "Waiver"). On behalf of Occupant and me and as a condition of the Occupant's participation in the Fort4Fitness 4 Mile Walk, I verify that I have read, understand, and accept the terms of the Waiver (same Waiver signed during the initial registration process) and that the terms of the Waiver apply to the Occupant.

Print name(s) of Occupant(s)	Printed name of signer below
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### Part 4 – Signature (all must sign) and Fees

Signature	Date
If switching to the Half Marathon, please mail this form by <b>9/12</b> to the address below with a check or money order for <b>\$35.00</b> payable to Fort4Fitness. For all others, please mail or fax this form by <b>9/12</b> to: <b>Fort4Fitness, PO Box 9007 Fort Wayne, IN 46899 Tel: (260) 760-3371 Fax: (260) 436-1507</b>	

### Fort4Fitness Use Only

Approved By	Date	<input type="checkbox"/> Notify
Transaction #	Old Bib #	New Bib #