Changed	Online
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2024 TEAM CHANGE FORM

Please fill in legibly - Print or Type

Team Name	Date		
We ask to delete	from our team.		
Name			
We want to replace them with: Name			
Occupation Pho	ne Email		
Print/Web Byline Journalist or Editor? Yes No	Electronic On Air? Yes No		
Sex: Predicted Time:			
Do you still have at least one woman on the to	eam? Yes No (whoops, try again)		
Captain or contact	Email		
Phone Day Cell			
Return this form immediately, particularly if close to race day. Scan (PDF) to Jeff Darman at jdarman@capitalchallenge.com Waiver: I assume entry into this race at my own risk. I know that running a road race and reading print this small are potentially hazardous activities. In consideration of the acceptance of my application, I, for myself, my heirs, my executors, administrators, assign, waive and release any and all rights for damages I may have or hereafter accrue to me against the sponsors and any and all individuals			
and groups involved in the coordination of the ACLI Capital	Challenge, their representatives, successors, and assigns for any and ou let me participate, I won't sue and understand the race director		
"I attest and verify that I am physically fit, have sufficiently trather ace director position."	ained for the race and agree I will not support a motion to vacate		
Signed New Team Member	Date		
NO INTERTEAM CHANGES (SWITCHING M	· · · · · · · · · · · · · · · · · · ·		
WILL BE ACCEPTED AFTER MONDAY, M INTRATEAM CHANGES (SUBSTITUTING A	Questions?		

DROPPING OUT OF A TEAM) MAY ONLY BE MADE UNTIL TUESDAY,

MAY 14 by 10:30 a.m.

Call 610.925.1976