



MOSQUITO BITE ADVENTURE RACE APPLICATION



3-person teams made up of Active Duty, Retired, Dependents-18 or over, DoD, University ROTC or any combination

DIVISION: (Circle One) **Coed** **All Male** **All Female**

- Team Name _____
- Team Captain _____ Day Phone _____
- E-mail: _____ M or F (Circle One)
- Race Experience: First ___ Novice ___ Experienced ___ Shirt Size (Circle One) S M L XL
- Team Member _____ Day Phone _____
- E-mail: _____ M or F (Circle One)
- Race Experience: First ___ Novice ___ Experienced ___ Shirt Size (Circle One) S M L XL
- Team Member _____ Day Phone _____
- E-mail: _____ M or F (Circle One)
- Race Experience: First ___ Novice ___ Experienced ___ Shirt Size (Circle One) S M L XL

WAIVER

I know that participating in this race is a potentially hazardous activity. I should not enter unless I am medically able and properly trained. I agree to abide by any decision of an **Mosquito Bite Adventure Race** official relative to my ability to safely complete the event. I, the undersigned hereby remise, release, and forever discharge the United States of America and all agents, representatives and employees thereof, and their successors from any and all claims and damages whatsoever which I, my heirs, their executors and administrators have or may have against the said United States of America, its agents, representatives or employees, by reason of any damages or injuries which may be incurred by myself while participating or in any activities sponsored by this event. I agree that if administered aid in a medical facility, I will pay the current published rates for this aid. By signing this waiver, I give the Mosquito Bite Adventure Race managers all rights to use photos taken during the event that may include my picture and any bio information that I provide, including my name, for release to the media. In witness whereof, I have here unto set my hand and seal this date.

Signed Team Captain _____

Signed Team Member _____

Signed Team Member _____

Team Entry Fee \$75.00 Credit Card via Phone at 850-452-3806 x 3131
 Fees and Application to: MWR Marketing Division c/o Tina Carey
 190 Radford Road., Bldg 4134
 NAS Pensacola, FL 32508-5217

Race Directors:

Bob Thomas robert.m.thomas3@navy.mil (850)-452-6802
 Summer Forester summer.forester@navy.mil (850) 452-3806 X 3105

