2020 Cooper River Bridge Run
ENTRY TRANSFER FORM

Email forms with credit card number to info@bridgerun.com or mail to PO Box 22089 Charleston, SC 29413

TRANSFER FROM (I’M SELLING MY ENTRY)

LAST NAME
FIRST NAME
MAILING ADDRESS, INCLUDE APT. NUMBER
CITY
STATE
ZIP CODE
AREA CODE
DAY PHONE

TRANSFER TO (I NEED AN ENTRY)

LAST NAME
FIRST NAME
MAILING ADDRESS, INCLUDE APT. NUMBER
CITY
STATE
ZIP CODE
AREA CODE
DAY PHONE

E-MAIL _________________________________________________________________

Circle Shirt Size: CS CM S M L XL XXL

TEAM NAME: _____________________________

Entrants can only be transferred within the SAME category

Transfer Fee $15

Participants are responsible for all reimbursements of entry fees between transferrer and transferee.

The Cooper River Bridge Run is only responsible for changing the information.

If transferrer has already received his/her packet, it is his/her responsibility to get the packet to the transferee.

Transfers can only be done within the same category.

TOTAL DUE

add all above items

LIABILITY WAIVER & RELEASE

Upon acceptance of my entry, I, for myself, my heirs & assigns, hereby release the sponsors & officials of the Cooper River Bridge Run & Walk from any and all liability arising from illness, injury or death I may suffer as a result of my participation in these events. I attest that I am physically fit and have sufficiently trained for these events and I am aware that my participation could, in some circumstances, result in physical injury. Should officials determine that completion of these events would be injurious to my health, I consent to be removed and treated by the physician in attendance or of their direction. I also consent to my removal in the event that I violate the prohibition on headphones/earphones, strollers, bikes, skates, or other wheeled devices or if I in any way endanger the safety of others. I give permission for free use of my name & picture in any broadcast, telecast or written account of this event. I understand that the entry fee is NON-REFUNDABLE.

DATE ____________________________  Signature of Participant or GUARDIAN (if under 18)

DATE ____________________________  Signature of Participant or GUARDIAN (if under 18)