

2012 Transfer Form



Please fill out this form in its entirety. Follow steps 1-5. This form is to be used to transfer your entry to another person or to a 2013 race. **Please read the transfer instructions and make sure that you are adhering to the deadline. There is a \$20 transfer fee for ALL transfers.**

- 1** Person to Person Transfer
 Race to Race Transfer
 Silver Strand 2013

2 Registrant or 2012 Information (your information)

- HALF MARATHON RUN/WALK
 HALF MARATHON SKATE
 5K RUN/WALK

 FIRST NAME LAST NAME
 ____ - ____ - ____
 AGE on race day SEX DAY TIME PHONE NUMBER

 EMAIL ADDRESS

Transfer Rules:

All Transfers must be completed in writing and must be postmarked by the deadline. Your transfer will be returned to you if it is received after the deadline.

Silver Strand Half Marathon: This race can be transferred to another person or to the 2013 event. Transfer form must be received or postmarked by October 25th.

3 New Registrant or 2013 Information

- HALF MARATHON RUN/WALK
 HALF MARATHON SKATE
 5K RUN/WALK

- HALF MARATHON Run/Walk**
 Special Divisions
 BK LEG AMPUTEE
 AK LEG AMPUTEE
 HANDCYCLE-
 PARAPLEGIC
 QUADRAPLEGIC
 WHEELCHAIR
 PARAPLEGIC
 QUADRAPLEGIC
 MILITARY
 CLYDESDALE
 CLYDESDALE 40+
- HALF MARATHON Skate**
 AGE DMSION
5K
 AGE DMSION
 MILITARY
 CLYDES
 CLYDES 40+
 BK AMPUTEE
 AK AMPUTEE
 WHEELCHAIR

 FIRST NAME LAST NAME
 ____ - ____ - ____
 AGE on race day SEX DAY TIME PHONE NUMBER
 S M L XL XXL
 T-SHIRT SIZE

 ADDRESS

 CITY STATE ZIP CODE

 EMAIL ADDRESS

4 Waiver: (Must be signed)

I hereby release KOZ Enterprises, KOZ Events, the State of California, State Park and Recreation Dept, City of Coronado, City of Imperial Beach, Dept. of the Navy, Port of San Diego, Cal Trans, WB Productions, USA Track & Field, and all other sponsoring company(ies) or agency(ies) or individual(s) involved in the event from responsibility for any injuries or damages I may suffer as a result of my participation in the Silver Strand Half Marathon. I hereby consent to receive medical treatment which may be deemed advisable during the event and understand that I am solely responsible for all costs relating to medical transportation and/or evacuation. I will additionally permit the use of my name and pictures in broadcasts, telecasts, newspapers, brochures, etc. I understand that race numbers are not transferrable. I certify that I am in good health and able to participate in this event and that all information provided in this form is true and complete.

X _____
 Signature of athlete (or parent if athlete is under 18) Date

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Make check payable to: Silver Strand Half Marathon
 The transfer fee is \$20 for ALL transfers
 Mail to:
 KOZ Events
 Attn: Transfer
 PO Box 421052
 San Diego, CA 92142