



Bib Transfer Procedure & Forms (01.01.12)

OVERVIEW

Participants registered for a ZOOMA race may transfer their registration to another person who wishes to participate in the same ZOOMA race. (For example, a ZOOMA Atlanta participant may transfer to someone who will participate in ZOOMA Atlanta in the same year.) If you transfer your registration, you do not receive a refund from ZOOMA. You may recover the cost of the registration from the person buying your registration.

The new participant receiving the bib number must pay a \$25 transfer fee and fill out the Transfer Application Form in order to complete the transaction.

Once a transfer request has been submitted, it may not be cancelled or reversed.

Complete transfer requests, along with payment, must be received in the ZOOMA offices no later than 30 days before the race date – No Exceptions!

Instructions for the current registration holder:

Please fill out the Transfer Request Form with the exact information you used when you originally signed up and include the new participant's name and date of birth.

Instructions for the new participant:

Once the Transfer Request Form has been submitted by the current registration holder, you must fill out and submit the Transfer Registration Form and include the current registration holder's name and date of birth, along with the transfer fee of \$25. You may submit the Transfer Request Form and Transfer Registration Form at the same time.

After your transfer has been processed, ZOOMA will send a confirmation email to you.

SUMMARY of TRANSFER PROCEDURE

1. Submit the Transfer Request Form (completed by current registration holder).
2. Submit the Transfer Registration Form (completed by the new participant).
3. Submit payment of \$25.
4. A confirmation email will confirm your transfer.
5. REMEMBER: Steps 1-3 must be completed no later than 30 days before race day!

QUESTIONS? Contact us at info@zoomarun.com or 904-900-1969.

ZOOMA TRANSFER REGISTRATION FORM – to be completed by New Participant

Please check your race: ZOOMA Atlanta ZOOMA Austin ZOOMA Annapolis ZOOMA Great Lakes

Complete Entire Form

Please print neatly using capital letters. One entry per form, please.

Send with payment of \$25 to: Premier Sports Productions, 2977 Oakisle Rd N, Jacksonville, FL or email/scan to info@zoomarun.com. No faxes.

Name (first) _____ (last) _____

Address _____ Apt #/ Suite _____

City _____ State _____ Zip or Postal code _____

Country _____ E-Mail Address _____

Phone (day) _____ M F _____ Birth date _____
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WAIVER: (must be signed) ALL PARTICIPANTS IN HALF MARATHONS, 5KS, 10KS, RELAYS, EVENTS AND ROAD RACES OF OTHER DISTANCES CONDUCTED BY PREMIER SPORTS PRODUCTIONS, LLC AND THEIR RELATED EVENTS (“EVENT”) ARE REQUIRED TO, AND HEREBY DO, ASSUME ALL RISK OF PARTICIPATION IN THE EVENT BY SIGNING THIS GENERAL RELEASE AGREEMENT: The undersigned athlete (“Athlete”) on behalf of himself/herself and on behalf of Athlete’s personal representatives, assigns, heirs, executors, and successors hereby fully and forever release, waives, discharges and covenants not to sue Premier Sports Productions, LLC, its affiliated corporations and charities, the host city, county and state, USATF, any and all municipal agencies whose property and/or personnel are used or in any way assist, all sponsoring or co-sponsoring companies or individuals related to the Event, together with their officers, directors, shareholders, successors and assigns (collectively, “Releasees”) from all liability to the Athlete and his/her property or resultant death, whether caused by the active or passive negligence of all or any of the Releasees or otherwise, in connection with Athlete’s participation in the Event. Athlete represents and warrants that he/she is in good physical condition and is able to safely participate in the Event. Athlete is fully aware of the risks and hazards inherent in participating in the Event and hereby elects to voluntarily participate, knowing the risks associated with the Event. Athlete hereby assumes all risks of loss(es), damage(s), or injury(ies) that may be sustained by him/her while participating in the Event. Athlete agrees to the use of his/her name and photograph in broadcasts, newspapers, brochures, and other media without compensation. Athlete acknowledges that the entry fee paid is non-refundable and non-transferable. Athlete acknowledges and agrees that Premier Sports Productions, LLC, in its sole discretion, may delay or cancel Event if it believes that the conditions on the race day are unsafe. In the event the Event is delayed or canceled for any reason, including but not limited to: fire, threatened or actual strike, labor difficulty, work stoppage, insurrection, war, public disaster, flood, unavoidable casualty, acts of God or the elements(including without limitation, rain, hail, hurricane, tornado, earthquake), or any other cause beyond the control of Premier Sports Productions, LLC, there shall be no refund of the entry fee or any other costs of Athlete in connection with the Event. Athlete hereby grants to the medical director of the Event and his/her agents, affiliates, and designees, access to all medical records (and physicians) as needed and authorizes medical treatment as needed. Athlete understands that he/she has the right to refuse medical care and advice of Event medical directors and representatives; if Athlete’s medical condition becomes such that Athlete’s mental capacity is questioned, the physician has the right to recommend and initiate treatment of Athlete. Athlete agrees and understands that Athlete hereby assumes liability for any and all medical expenses incurred as a result of training for and/or participation in the Event, including but not limited to ambulance transport, hospital stays, physician and pharmaceutical goods and services. Athlete warrants that all statements made herein are true and correct and understands that Releasees have relied on them in allowing Athlete to participate in the Event. ATHLETE HAS READ THE FOREGOING AND INTENTIONALLY AND VOLUNTARILY SIGNS

Signature of Athlete (Signature of parent is under 18 years old)

Date

IF ATHLETE IS UNDER AGE 18, HIS/HER PARENT MUST SIGN THIS RELEASE AND WAIVER AGREEMENT. Athlete’s Parent or Guardian’s signature above certifies that his/her son/daughter/ward has his/her permission to participate in the Event. Athlete’s Parent/Guardian has read and understands the foregoing and agrees to its terms and conditions. Athlete’s Parent/Guardian further certifies that his/her son/daughter/ward is in good physical condition and is able to safely participate in the Event. Athlete’s Parent/Guardian hereby authorizes medical treatment for him/her and grants access to his/her child’s medical records as necessary and as stated above.

REQUIREMENTS

You must be at least 12 years old to register for the half marathon or 5 years old for the 5K or 10K. You must be in good health and physically prepared to take on the challenge of a race. Race numbers are required to participate in the race and some After-Party Expo activities. You must be able to complete the 13.1 mile course in 3.5 hours.

Emergency Contact

Name (first) _____ (last) _____

Phone (day) _____ Relationship to Registrant _____
_____-_____-_____-_____-_____-_____

Where did you hear about ZOOMA? _____ Do you plan to walk the race? Y N

Is this your first Half Marathon? Y N How many Half Marathon races have you completed in the last 5 years? _____

T-Shirt size (entrant): women's S M L XL men's M L XL XXL

DO NOT Include me on ZOOMA Women's Race Series mailing list. Your info will not be shared with third parties.

TRANSFEROR INFORMATION:

Current registrant name:

Name (first) _____ (last) _____

Current registrant date of birth: _____
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PAYMENT INFORMATION: Payment of \$25 is required to complete the transfer.

Make checks payable to Premier Sports Productions, LLC and send to:
Premier Sports Productions, LLC
2977 Oakisle Rd N
Jacksonville, FL 32257

Credit Card Number _____ Expiration Date _____ Security Code _____

MC Visa Amex Discover Card holder name (if different than above) _____

Billing Address (if different than above) _____ Apt #/ Suite _____

City _____ State _____ Zip or Postal code _____

I authorize payment of \$25 for transfer of registration.

X _____