



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 ____

Team Member _____ Day Phone _____

E-mail: _____ M or F (Circle One)

Race Experience: First____ Novice____ Experienced ____

Team Member _____ Day Phone _____

E-mail: _____ M or F (Circle One)

Race Experience: First____ Novice____ Experienced ____

WAIVER

In consideration of acceptance of this entry, I waive any and all claims for myself and my heirs against organizers, officials and sponsors of the Mosquito Bite Adventure Race, volunteer property owners, private property owners, and the Florida Park Service for any injury or illness, which may directly or indirectly result from my participation. I further state that I am in proper physical condition to participate in this event. 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.

Signed Team Captain _____

Signed Team Member _____

Signed Team Member _____

Race Directors:

Bob Thomas robert.m.thomas3@navy.mil (850)-452-6802

Brett Pelfrey brett.pelfrey@navy.mil (850)-452-4391

