



## TEAM MEMBERS


**PLEASE FOLLOW THESE INSTRUCTIONS AFTER YOU HAVE CLICKED ON THE REGISTRATION LINK EMAILED TO YOU BY YOUR TEAM CAPTAIN.**

**IMPORTANT INFORMATION TO HAVE FROM YOUR TEAM CAPTAIN BEFORE REGISTERING:**

- TEAM NAME
- IS TEAM A REGULAR, YOUTH OR SENIOR TEAM
- IS TEAM A MALE, FEMALE OR COED TEAM
- NAME OF CHARITY TO BENEFIT
- MAILING ADDRESS FOR CHARITY
- PHONE NUMBER FOR CHARITY

NOTE: COST OF REGISTRATION IS JUST \$25.00 PER PERSON WHICH INCLUDES A T-SHIRT AND PARTICIPATION MEDAL

### **STEP ONE: COMPLETE THE REQUIRED FIELDS ON THIS PAGE**




Register For  
Charity Relay Challenge: Martin County, Florida  
Stuart, FL 34996


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Registrant #1 Clear all fields

Who are you registering? \*

 Me  
Adult, 18+

 Other Adult  
Adult, 18+

 Minor  
Under 18

[Sign In](#) Have An Account?


Basic Info

First Name \*

Last Name \*

Email Address \*

Confirm Email \*

Password  \*

Confirm Password \*

To be able to access / edit your registration.

Additional Information


Date of Birth \*

Gender \*

Phone \*

## **STEP TWO: SCROLL DOWN AND SIGN BOTH WAIVERS**

Signature Boxes Will Appear After You Have Scrolled the Forms Down



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Waiver [Open waiver in new window](#)

PARTICIPATION AGREEMENT

Authority to Register and/or to Act as Agent. You represent and warrant to the First Responder Institute, Inc. that you (the "Participant") have full legal authority and capacity to complete and execute this Participation Agreement for the Event (the "Event Registration"), including accepting the terms of the Waiver, Release of Liability, Covenant not to Sue and Image Release (the "Waiver") required to be executed in connection with the Event, on behalf of yourself (the "Registered Party"), and that you have full authority to make use of the credit or debit card or other payment method through which fees related to Event Registration will be paid. As used in the Participation Agreement "you" or "your" means and includes you, as an individual. By virtue of agreeing to the terms of this Participation Agreement, you are freely, knowingly and voluntarily waiving certain rights.

Payment Methods and Platform. First Responder accepts all major credit cards for the payment of fees for the Event. Payments are made using our

Instructions  
Please enter the information EXACTLY AS SHOWN IN UNDERLINED TEXT ABOVE THE TEXT BOX to confirm that you agree to that waiver and are 18 or older, or have the authority to register the registrant listed, and agree to the [Privacy Policy](#).

Waiver Agreement for Mary Jackson **Please scroll to the bottom of the waiver first.**

**1<sup>st</sup> SIGNATURE BOX WILL APPEAR AFTER YOU SCROLL DOWN THE PARTICIPATION AGREEMENT NARRATIVE**

Waiver [Open waiver in new window](#)

WAIVER, RELEASE OF LIABILITY,  
COVENANT NOT TO SUE & IMAGE RELEASE ("WAIVER")

In consideration of my ("I," "my," or "myself") participation as a competitor, volunteer or other member in the First Responder Institute, Inc.'s ("First Responder's") Firefighter Challenge, Charity Relay Challenge, or any other event owned, operated, licensed or sponsored by First Responder (any of the foregoing, and any and all ancillary events, activities or operations related thereto, an "Event," and I being a "Participant in such Event", I acknowledge, accept and agree to the following for myself:

Risks. The risk of serious injury and/or death from the activities involved participating in any Event, as a Participant, are very significant and may include, without limitation, the following: (i) falling; (ii) sprains, strains, and fractures; (iii) heat and cold injuries such as burns, heat-related illness and

Scroll Down

Scroll Down

**2<sup>nd</sup> SIGNATURE BOX WILL APPEAR AFTER YOU SCROLL DOWN THE PARTICIPATION AGREEMENT NARRATIVE**

### STEP THREE: SELECT JOIN AN EXISTING TEAM

Choose Team Name from Dropdown Options (if not already appearing in field)

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Team for Mary Jackson

**Join an Existing Team**    Create a New Team

Select Team \*    Search for existing Teams

Team Help    [Search Box]


Team Details  
Team Name: Team Help  
Team Administrators: Russell J.  
Gender: Male  
Minimum Age: None  
Maximum Age: None

Continue    Back

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**STEP FOUR: COMPLETE THE REQUIRED FIELDS ON THIS PAGE**

IMPORTANT: PLEASE MAKE SURE THAT CHARITY NAME, ADDRESS AND PHONE NUMBER MATCH WHAT THE TEAM CAPTAIN SUBMITTED.



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### Overall Questions

Which Charity will your team be raising money for? Please provide the legal name of the charity. \*

Please provide the mailing address, city, state and zip code for the Charity. \*

Please provide a phone number for the Charity in the event we need additional information. \*

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### Questions for Mary Jackson

T-Shirt Option \*

-- Select An Option -- ▾

Emergency Contact Name \*

Emergency Contact Phone \*

**STEP FIVE: COMPLETE THE REQUIRED FIELDS IN CHECKOUT PROCESS**

Look to receive more information from your team captain regarding the Crowdfunding page for your team.

*Congratulations, you are Now Registered!*