

TEAM CAPTAINS

PLEASE FOLLOW THESE INSTRUCTIONS!

REMEMBER, ONLY ONE PERSON NEEDS TO DO THE INITIAL TEAM REGISTRATION!

IMPORTANT INFORMATION TO HAVE BEFORE REGISTERING:

- DETERMINE THE TEAM'S NAME
- DETERMINE IF YOU ARE REGISTERING AS A REGULAR, YOUTH OR SENIOR TEAM
- DETERMINE IF THE TEAM IS ALL MALE, ALL FEMALE OR COED
- FYI: DO NOT ELECT TO SET A 'TEAM' PASSWORD. THIS WILL SAVE YOUR TEAM MEMBERS TIME.
- DETERMINE CHARITY TO BENEFIT (EXACT NAME PLEASE)
- PROVIDE MAILING ADDRESS FOR CHARITY
- PROVIDE PHONE NUMBER FOR CHARITY

STEP ONE: COMPLETE THE REQUIRED FIELDS TO SET UP YOUR PROFILE

Registrant #1				â
Who are you reg	jistering? *			
O Me Adult, 18+	• •	Other Adu Adult, 18+	O	Minor Under 18
Quick Fill Choo Basic Info	se one of your existing profiles to qu	uickly fill in the registr	ation form.	
First Name *		Last Nar	ne *	
Email Address *		Confirm	Email *	
rjackson@firstresponder	rjackso	rjackson@firstresponder.org		
Additional Inform	nation Gender*		Phone *	
Date of Birth *	Gender *		THONG	
	Male O Female	er Not to Sav	+1 205-936-3361	
mm/dd/yyyy	Male O Fernale Non-Binary O Pref	er Not to Say		
mm/dd/yyyy Jsed for age group calculation:	Male O Fernale Non-Binary O Pref	er Not to Say	+1 205-936-3361	
Date of Birth * mm/dd/yyyy Jsed for age group calculation Address Street Address *	Male O Fernale Non-Binary O Pref	er Not to Say Country	+1 205-936-3361 Format: ### ### ###	

STEP TWO: SCROLL DOWN AND SIGN BOTH WAIVERS

Signature Boxes Will Appear After You Have Scrolled the Forms Down

Charity Relay Challenge: Martin County, Florida Stuart. FL 34996	Back to Race W	
Stualt, PL 34990		
Waiver Open waiver in new window 😅		
PARTICIPATION AGREEMENT		- Click
Authority to Register and/or to Act as Agent. You represent and warrant to the First Responder Institute, Inc. that you (the "Participant") have f authority and capacity to complete and execute this Participation Agreement for the Event (the "Event Registration"), including accepting the t Waiver, Release of Liability, Covenant not to Sue and Image Release (the "Waiver") required to be executed in connection with the Event, on be yourself (the "Registred Party"), and that you have full authority to make use of the credit or debit card or other payment method through whi related to Event Registration will be paid. As used in the Participation Agreement "you" or "your" means and includes you, as an individual. By to agreeing to the terms of this Participation Agreement, you are freely, knowingly and voluntarily waiving certain rights.	terms of the shalf of ich fees	Scroll
Payment Methods and Platform, First Responder accepts all major credit cards for the payment of fees for the Event. Payments are made us	ing our	
Instructions Please enter the information <u>EXACTLY AS SHOWN IN UNDERLINED TEXT ABOVE THE TEXT BOX</u> to confirm that you agree to that waiver and a or have the authority to register the registrant listed, and agree to the Privacy Policy . 1st SIGNATURE BOX WILL APPEAR AFTER YOU SCROLL	are 18 or older,	
Please enter the information <u>EXACTLY AS SHOWN IN UNDERLINED TEXT ABOVE THE TEXT BOX</u> to confirm that you agree to that waiver and a or have the authority to register the registrant listed, and agree to the Privacy Policy . 1 st SIGNATURE BOX WILL APPEAR AFTER YOU SCROLL DOWN THE PARTICIPATION AGREEMENT NARRATIVE	are 18 or older,	
Please enter the information <u>EXACTLY AS SHOWN IN UNDERLINED TEXT ABOVE THE TEXT BOX</u> to confirm that you agree to that waiver and a or have the authority to register the registrant listed, and agree to the Privacy Policy . 1 st SIGNATURE BOX WILL APPEAR AFTER YOU SCROLL	are 18 or older,	
Please enter the information <u>EXACTLY AS SHOWN IN UNDERLINED TEXT ABOVE THE TEXT BOX</u> to confirm that you agree to that waiver and a or have the authority to register the registrant listed, and agree to the Privacy Policy . 1 st SIGNATURE BOX WILL APPEAR AFTER YOU SCROLL DOWN THE PARTICIPATION AGREEMENT NARRATIVE	are 18 or older,	- Click
Please enter the information <u>EXACTLY AS SHOWN IN UNDERLINED TEXT ABOVE THE TEXT BOX</u> to confirm that you agree to that waiver and a or have the authority to register the registrant listed, and agree to the Privacy Policy . 1st SIGNATURE BOX WILL APPEAR AFTER YOU SCROLL DOWN THE PARTICIPATION AGREEMENT NARRATIVE Waiver open waiver in new window waiver in new window waiver, RELEASE OF LIABILITY,	irst any of the	– Click Scro

2nd SIGNATURE BOX WILL APPEAR AFTER YOU SCROLL DOWN THE WAIVER NARRATIVE

STEP THREE: SELECT CREATE A NEW TEAM

Register For Charity Relay Challenge: Martin County, Florida Stuart, FL 34996	Back to Race W
Team for Alan Jackson	
Join an Existing Team Create a New Team	
Team registration is required	
Choose an option above to join or create a Team.	
Continue Back	
R	

STEP FOUR: CREATE TEAM NAME AND TEAM GENDER CATEGORY

Team for Russell .	Jackson			
Join ar	n Existing Tear	n	Create a New Te	am
Team Type *		Team Name *	Gender *	Team Ty
Charity Relay Team	*		(Select an Option))
Description: Size Limits: 0-5		Set Password		
A Relay of 5 Members runnin	g for charity.			
Continue	Back			
			\mathbf{X}	
		R		ET PASSWORD

STEP FIVE: PROVIDE REQUESTED INFORMATION

Overall (Questions	
Which Charity charity. *	will your team be raising money for? Please provide the legal name of the	
Please provid	e the mailing address, city, state and zip code for the Charity. *	
Please provid	e a phone number for the Charity in the event we need additional information. $igstacksquare$	PLEASE PROVIDE ACCURATE INFORM SO THE CORRECT CH RECEIVES THE FUNE
Question	ns for Alan Jackson	RAISE!
T-Shirt Option		
Emergency C	ontact Name *	

<u>TIP:</u> REMEMBER YOUR CHARITY INFORMATION BECAUSE YOU WILL NEED TO SHARE THIS WITH YOUR TEAM MEMBERS

STEP SIX: COMPLETE CHECKOUT PROCESS

Scroll Down to Complete Your Payment and Registration

Charity Relay Challenge: Ma Stuart, FL 34996				
Review your registration info	prmation:			
Race Information Race: Charity Relay Challenge: Martin County, Florida	Location: Stuart, FL 34996 US	Registration (Cart 🗷	
Race Date: May 13, 2022			Item	Total
Registrants		Relay Team (not senior or youth category) Alan Jackson	\$25.00	\$25.00
Alan Jackson		T-Shirt	\$0.00	\$0.00
Date of Birth: May 27, 1969		Medium		
Age On Race Day: 52		Sales Tax (i)	\$1.84	\$1.84
P.O. Box 70127 Tucson, AZ US 85737	301-615-0180			
jacksonrussella@gmail.com	Non-Binary		Base Cost: ing Fee: (i)	\$26.84 \$2.56
Event: Relay Team (not senior or youth category)	T-Shirt: Medium Team: Team Help	Piocess	Total:	\$29.40
Add Another Registrant Overall Questions				
Children's Aid Society	y for? Please provide the legal name of the charity.			
Please provide the mailing address, city, state 1234 Smith Street, Hoover, AL 35244	e and zip code for the Charity.			
Please provide a phone number for the Chari 205-111-1111	ty in the event we need additional information.			

STEP SEVEN: CLOSE THIS WINDOW

>Your Confirmation Email Will Include a Link to Share with Your Team. This Link IS NOT the Link to Use for Fundraising. That Will Be Sent in a Separate Email from the Charity Relay Challenge organizer.

	Click X to Close Window
Register For Charity Relay Challenge: Martin County, Florida Stuar, FL 34996	Back to Race Website 🗶
The Firefighter Chal	lenge Awaits You!
Refer Your Friends!	X X X X X X X X X X X X X X X X X X X
Invite your friends to join you at the Charity Relay Challenge: Martin County, Flo	rida.
Post to Facebook 🛛 🛩 Tweet	Share via Email
Registrants	Relay Team (not \$25.00 \$25.00 senior or youth category) Alan Jackson
Alan Jackson Date of Birth: May 27, 1969	T-Shirt \$0.00 \$0.00 Medium
	Sales Tax ① \$1.84 \$1.84
	Make a Mistake?

STEP EIGHT: CHECK YOUR EMAIL

COPY AND PASTE THE LINK (like circled below) AND SEND IT IN A EMAIL TO YOUR TEAMMATES!

INCLUDE IN YOUR EMAIL THE FOLLOWING:

- TEAM NAME
- IS TEAM A REGULAR, YOUTH OR SENIOR TEAM
- IS TEAM A MALE, FEMALE, OR COED TEAM
- NAME OF CHARITY TO BENEFIT
- ADDRESS FOR CHARITY
- PHONE # FOR CHARITY
- HEADS UP THAT THE COST TO REGISTER IS \$25.00 WHICH COVERS THE T-SHIRT AND PARTICIPATION MEDAL THEY WILL RECEIVE

					-	
1	Compose	← ⊡		2 of 24	<	>
▼ Mail			proving a series			
	Inbox 1		CHALLENCE			1.5
☆	Starred		-			
G	Snoozed		New Team Created			
D	Drafts					
	DonorPerfect		Charity Relay Challenge: Martin County, Florida			
	Ring Central		Friday May 13, 2022			
~	More		Stuart, FL 34996 US			
		(Team Name: Team Help Administrator: Russell Jackson Type: Charity Relay Team Gender: Male Age: N/A			
▸ Cha	t +					
► Spar			Run			