

BADWATER® Salton Sea Check-In Form

Please bring this form, fully completed, to Runner Check-In, along with:

One signed race waiver for each runner and each crew member.

One San Diego County waiver for each runner

One Medical History for each runner (optional)

Donations to Official Charities (optional)

Team Name _____ Year _____

Team Category (circle): 2M 2F 2mix 3M 3F 3mix

Runner #1 _____ 2 Waivers? ___ Med History? ___

Runner #2 _____ 2 Waivers? ___ Med History? ___

Runner #3 _____ 2 Waivers? ___ Med History? ___

Crew #1 _____ Waiver? ___ (No SD Co. waiver)

Crew #2 _____ Waiver? ___ (No SD Co. waiver)

Crew #3? _____ Waiver? ___ (No SD Co. waiver)

Cell Phone #(s) for support vehicle _____ / _____

Cell Phone #(s) taken on trail _____ / _____ / _____

Vehicle Make _____ Model _____

Color _____ License _____

Team # Displayed on all Four Sides of the Support Vehicle? _____

360 Degree Reflective Gear and Front & Rear blinking lights for ALL runners and

ALL crew members? (Must be shown at Check-In) _____