



MEDICAL ROLL-OVER REQUEST

You may request a Medical rollover if, after you enter a Race, an illness or injury prevents you from participating.

This request must be accompanied by:

- Completed Medical Roll-Over Form
- A letter from your physician confirming your inability to compete

Send Medical Rollover Form and physician's letter to:

Danskin Triathlon Series
C/O NAVAGATE
130 W. 42nd Street, 11th Floor
New York, NY 10036
Attn: 2010 Medical Rollover Request

All requests must be postmarked no later than 2 weeks after the date of Race you entered.

Name: _____ Date of Birth _____
Address: _____
City: _____ State: _____ Zip: _____
Daytime Phone: _____ Age: _____
Email: _____

2010 Race City Entered: _____

Signature: _____ Dated: _____

IMPORTANT NOTES:

- All approved medical rollovers are for the same Race within 2011 season only.
- You will receive confirmation of approval of request via e-mail, within 2-3 weeks.
- Granting of a Medical rollover by the Danskin Triathlon Series does not guarantee your entry in the 2011 Danskin Triathlon Series. It is your responsibility to complete and submit a Race entry in 2011.
- Additional fees (entry increases) may apply

Please print clearly. Incomplete forms will not be considered. Remember to include physician's documentation.