

THE GREAT SPACE RACE APPLICATION

Full Name:

Occupation:

Where did you learn about TGSR?

Why did you choose to apply to TGSR?

Do you consent to appearing on national television if your application is selected?

Why should you appear on TGSR?

Do you intend on having a family member or friend to apply as well?

Is there anything else you would like TGSR to know about you?

Please write in your handwriting the following statements:

I will not disclose any information, photographs, or experiences that have not yet been published without approval of TGSR. I understand that TGSR is NOT responsible for any lost items, injury, or any mechanical failure caused by misuse. I verify that I am above 16, and the health information provided below is accurate.

ANY health information WITH doctor signature:

Doctor Signature:

Your Signature:

Parent/Guardian Signature (If under 18):

Intended payment method:

Brayden Maher- Co-Founder of TGSR

A handwritten signature in black ink, appearing to read 'Brayden', with a long horizontal flourish extending to the right.