

PACKET PICK-UP AUTHORIZATION FORM

If you are unable to pick-up your race bib, event shirt, gear bag and race program in person at the Health & Fitness expo on Friday, April 27th or Saturday, April 28th, you can authorize someone else to pick up for you at the Expo. If you choose this option, your representative must bring this completed form to the packet pick-up area at the Expo. To use this form, you must attest that you will not sell, give away, or let anyone else run the race with your bib. If we find that someone else completes the race wearing your bib, your name will be removed from the results and you will be banned from entering any Big Sur Marathon Foundation events.

PARTICIPANT STATEMENT

Name of registered rur	ner (you)			
Your bib number	Your race dis	tance		
Initial to agree:				
	s form, I attest that	only I will use this bib for	not allow the transfer or sale of race the event in which I am officially	
I authorize on	ly the person name	d below to pick up my bi	b, shirt, and race packet.	
	or any damages asso	ociated with such author	non and the Big Sur Marathon zations and/or as a result of BSIM's	
Printed name of person	n authorized to pick	up my bib		
This person's mobile no	umber in case follow	v-up is needed:		
Your signature			Date	
			ment-issued photo ID to this form.	
The person picking up	your bib will also n	eed to present a photo I	D and sign this form below.	
Printed name of person	n picking up bib			
Signature of person pic	king up bib			
Cell phone of person p	cking up bib		·	
Official Use Below:				
Bib number given to th	is person	Date given	Time given	