



# BIG SUR

## INTERNATIONAL MARATHON

### 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 24th or Saturday, April 25th, 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 runner (you) \_\_\_\_\_

Your bib number \_\_\_\_\_ Your race distance \_\_\_\_\_

*Initial to agree:*

\_\_\_\_\_ I understand and support that the Big Sur Marathon does not allow the transfer or sale of race bibs and, by signing this form, I attest that only I will use this bib for the event in which I am officially registered and I will not sell or give away my bib to anyone else;

\_\_\_\_\_ I authorize only the person named below to pick up my bib, shirt, and race packet.

\_\_\_\_\_ I agree to indemnify and hold Big Sur International Marathon and the Big Sur Marathon Foundation harmless for any damages associated with such authorizations and/or as a result of BSIM's reliance on such authorizations to its detriment.

Printed name of person authorized to pick up my bib \_\_\_\_\_

This person's mobile number in case follow-up is needed: \_\_\_\_\_

Your signature \_\_\_\_\_ Date \_\_\_\_\_

**Please staple a photocopy of your driver's license or other government-issued photo ID to this form.**

**The person picking up your bib will also need to present a photo ID and sign this form below.**

Printed name of person picking up bib \_\_\_\_\_

Signature of person picking up bib \_\_\_\_\_

Cell phone of person picking up bib \_\_\_\_\_

#### Official Use Below:

Bib number given to this person \_\_\_\_\_ Date given \_\_\_\_\_ Time given \_\_\_\_\_