

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 22nd or Saturday, April 23rd, 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	our bib number Your race distance			
Initial to agree:				
	s form, I attest that	t only I will use this bib fo	not allow the transfer or sale of race r the event in which I am officially	
I authorize or	ly the person name	ed below to pick up my bi	b, shirt, and race packet.	
	or any damages ass	sociated with such author	hon and the Big Sur Marathon izations and/or as a result of BSIM's	
Printed name of perso	n authorized to picl	k up my bib		
This person's mobile n	umber in case follo	w-up is needed:		
Your signature			Date	
			ment-issued photo ID to this form.	
The person picking up	your bib will also r	need to present a photo I	D and sign this form below.	
Printed name of perso	n picking up bib			
Signature of person pio	king up bib			
Cell phone of person p	icking up bib			
Official Use Below:				
Bib number given to th	is person	Date given	Time given	