



BIG SUR
INTERNATIONAL MARATHON

PRESENTED BY **HOKA**

Big Sur International Marathon Pregnancy Deferral Policy

Purpose

To support participants who are pregnant and unable to safely participate in the 2026 Big Sur International Marathon, we offer a one-time deferral option to the 2027 event.

Eligibility

This policy applies to registered participants who:

- Are pregnant at the time of registration or become pregnant prior to the 2026 event date.
- Choose not to participate in the 2026 race due to pregnancy-related reasons.
- Are registered for the marathon distance.

Deferral Process

To request a pregnancy-related deferral, please fill out the form on page 2, and have it signed by your doctor and emailed back to us.

Terms and Conditions

- **Deferral Fee:** There is **no charge** for pregnancy-related deferrals.
- **Documentation:** All deferral requests must be accompanied by the required **Pregnancy Deferral – Medical Verification Form**.
- **One-Time Deferral:** This policy allows for a one-time deferral only; participants must re-register for free for the 2027 event. You will receive an email to claim your deferral when we open registration for the 2027 race.
- **Non-Transferable:** Deferrals are specific to the individual and cannot be transferred to another participant.
- **Additional Items:** Your ancillary purchases/products are non-refundable and will not be applied to future registration.
- **Additional Documentation:** The Big Sur Marathon Foundation may request additional documentation to confirm a pregnancy and reserves the right to deny a deferral if the submitted information does not meet their verification standards.

Additional Information

- **Non-Refundable Entries:** All entry fees are non-refundable, as per our standard cancellation policy.
- **Registration Protection:** Participants may opt to purchase registration protection during the registration process for additional coverage.

Contact - For questions or assistance, please contact us at registration@bsim.org



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Pregnancy Deferral – Medical Verification Form

Name of Participant: _____

Participant Date of Birth: _____

Name of Physician: _____

Practice/Facility Name: _____

Physician Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____

Office Email Address: _____

Medical Verification

I, the undersigned, confirm that the individual listed above is currently pregnant and, in my professional medical opinion, should be advised against participating in a long-distance endurance event on or around the date of April 26, 2026.

This verification is provided in support of the participant's request for a pregnancy-related deferral for the 2026 Big Sur International Marathon.

Physician Signature

Signature of Physician: _____

Printed Name: _____

Date: _____

Instructions:

Please have your physician fill out this form and sign it.

Please return the completed form to: registration@bsim.org