

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, November 9th or Saturday, November 10th, 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	ur bib number Your race distance			
Initial to agree:				
bibs and, by signing this form	m, I attest that only	I will use this bib for	athon does not allow the sale of race the event in which I am officially hout going through the transfer process;	
I authorize only the	e person named be	low to pick up my bil	o, shirt, and race packet.	
	y damages associat	ed with such authori	athon and the Big Sur Marathon zations and/or as a result of MBHM's	
Printed name of person aut	norized to pick up n	my bib		
This person's mobile number	r in case follow-up	is needed:		
Your signature		Date		
Please staple a photocopy of	of your driver's lice	nse or other govern	ment-issued photo ID to this form.	
The person picking up your	bib will also need	to present a photo II	D and sign this form below.	
Printed name of person pick	ing up bib			
Signature of person picking	up bib			
Cell phone of person picking	g up bib		·	
Official Use Below:				
Bib number given to this pe	rson	Date given	Time given	