PACKET PICK-UP AUTHORIZATION FORM

If you are unable to pick-up your race bib in person at the Health and Fitness Expo on Friday or Saturday before the race, you can authorize someone else to pick it up for you. 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 future events.

PARTICIPANT STATEMENT

Name of registered ru	nner (you)						
Your race distance –	Marathon	21-Miler	11-Miler	12K	5K	Relay	
Initial to agree:							
I understand race bibs and, by signi officially registered, ar	ng this form, I and I will not sell	attest that only or give away m	I will use this bib ny bib to anyone o	for the e			:
Printed name of perso	on authorized to	pick up my bib):				
This person's mobile n	number in case	follow-up is nee	eded:				
Your signature					Date	2	