PACKET PICK-UP AUTHORIZATION FORM

If you are unable to pick-up your race bib in person at one of the 3 packet pickup locations on Thursday, 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 runn	er (you)		
Your race distance –	Half Marathon	10K	5K
Initial to agree:			
the sale of race bibs and,	d support that the Kaiser Perm by signing this form, I attest th and I will not sell or give away r	nat only I will use this b	ib for the event in which I
I authorize only	the person named below to pi	ick up my bib.	
Printed name of person a	authorized to pick up my bib: _		
This person's mobile nun	nber in case follow-up is neede	ed:	
Your signature			Date