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 runne	r (you)		
Your race distance –	Half Marathon	10K	5K
Initial to agree:			
sale of race bibs and, by s	I support that the San Francison igning this form, I attest that on will not sell or give away my b	only I will use this bib fo	or the event in which I am
I authorize only	the person named below to pi	ck up my bib.	
Printed name of person a	uthorized to pick up my bib: _		
This person's mobile num	ber in case follow-up is neede	d:	
Your signature			Date