

Packet Pick-Up Authorization Form

(Signature of Race Participant)

(Please Print Your Full Name)	Please Print Your Bib Number
I have made every effort to pick up my own race packet, but am unable to do so. I authorize:	
(Print Name Of Person You Are Authorizin	g To Pick Up Your Items)
to pick up my Race Bib, Gear Bag, Particip	oant Shirt
	I certify I personally signed); to surrender such copy of my valid I and original signed event waivers to on, approval or consent. I understand that SA g authorizations and agree to indemnify and damages associated with such
My Representative is aware that he/she mu order to pick up my race items.	ust present their own valid photo ID in

(Signature of Representative)