

PACKET PICK-UP AUTHORIZATION FORM

If you are unable to pick-up your race bib in person at one of the packet pickup locations 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 runner (you) _____

Your race distance – **Marathon** **Half Marathon** **5K**

Initial to agree:

_____ I understand and support that the Kaiser Permanente Napa Valley Marathon & Half Marathon, does not allow the sale of race bibs and, by signing this form, I attest that only I will use this bib for the event in which I am officially registered, and I will not sell or give away my bib to anyone else.

_____ I authorize only the person named below to pick up my bib.

Printed name of person authorized to pick up my bib: _____

This person's mobile number in case follow-up is needed: _____

Your signature _____ Date _____