

PACKET PICK-UP AUTHORIZATION FORM



(PRINT your name)

I am unable to pick up my participant packet prior to my race for the Skyway 10K.
I therefore authorize

(PRINT name of individual picking up your packet)

to pick up my participation packet and any premiums (t-shirt, etc.) for me. **I have also included a hard copy of my photo identification for the above-authorized individual to present along with this form at Packet Pick-Up on Saturday, March 5th from 10 AM to 6 PM.**

My representative is aware that they will also need to present their own photo ID in order to pick up my packet and premiums.

I and my authorized representative are both aware that my participation packet and any premiums **WILL NOT** be released under any circumstances if photo ID is not provided as indicated above.

I understand Skyway 10K is relying on this authorization and agree to indemnify and hold Skyway 10K harmless for any damages resulting in any way therefrom. I further understand that only I may use the race number assigned to me and allowing anyone else to use that number is prohibited and will result in disqualification.

Signature of authorizing individual

Signature of individual being authorized