



## Race Packet Pick-Up Authorization Form

If you need another person to pick up your race packet, please have them **bring this completed form, along with a copy of your photo ID** to your designated line by bib number at race packet pick-up in the Health and Fitness Expo, located at the DeLoach Vineyards.

The undersigned “friend” has my permission to pick up my race packet. \*I understand that no transfer of race numbers is allowed. I understand that any individual involved in this activity will be banned from all future Santa Rosa Marathon – True Grit Running events.

Race Waiver:

Waiver: I hereby release The Santa Rosa Marathon, True Grit Running LLC and all other sponsoring company(ies) or agency(ies) or individuals involved in the event from responsibility for any injuries or damages I may suffer as a result of my participation in the Santa Rosa Marathon, Half Marathon, 10K or 5K and related events. I hereby consent to receive medical treatment which may be deemed advisable during the event and understand that I am solely responsible for all cost related to the medical services, ambulance transportation, medical treatment and/or evacuation. I will additionally permit the use of my name and pictures in broadcast, telecast, newspaper, brochures, flyers and etc., and I also understand and agree that the entry fee is non- refundable, transferable or deferrable. I understand that there is no race day packet pickup unless I pay the additional race day packet pick up fee before the race. Photo ID’s are required to pick up your race packet. The Race Director reserves the right to reject any entry. As a participating athlete, I certify that I am in good health, and able to participate in this event and that all information provided on this for is true and complete.

Runners Bib # \_\_\_\_\_

\_\_\_\_\_

Print Runner Name

\_\_\_\_\_

Date: \_\_\_\_\_

Runner Signature

\_\_\_\_\_

Print Friend Name

\_\_\_\_\_

Date: \_\_\_\_\_

Friend Signature

\_\_\_\_\_