

**PÓŁMARATON  
MARZANNY  
18 MARCA**



## RACE PACKET PICK UP AUTHORIZATION FORM

Participant of  
15. Krakowskiego Półmaratonu Marzanny  
4. Krakowskiego Biegu z Dystansem  
(Cross out unnecessary)

Runner's personal information :	
Number	
Name and surname	
ID number/passport*	
Date of birth	
Full address (city, post code etc.)	

(\*that was written by the register)

I authorize the following individual to pick up my race packet:

Authorized Individual's personal information's:	
Name and surname	
ID number/passport*	

(\*that they will have to be identify with)

\_\_\_\_\_  
(Signature of Race Participant)

\_\_\_\_\_  
(Signature of Authorized Individual)

At the same time, I declare that I have read the regulations of the 15. Krakowski Półmaraton Marzanny and 4. Krakowski Bieg z Dystansem "Dla małych serc" - 10km and I accept its provisions. I also declare that I am able to participate in the event, there are no contraindications medical terms concerning my person and I bear all responsibility for my participation. I agree to the processing of my personal data contained in the application form by event organizers to the extent necessary to carry it out, and for possible use my image for the purpose of promoting the half marathon and other events prepared by the organizers.

\_\_\_\_\_  
(Place)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(Signature of Race Participant)

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