



## RACE PACKET PICK UP AUTHORIZATION FORM

Participant of

17. Krakowskiego Półmaratonu Marzanny - Halfmarathon

6. Krakowskiego Biegu z Dystansem – 10 km

(Cross out unnecessary)

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

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

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

At the same time, I declare that I have read the regulations of the 17. Krakowski Półmaraton Marzanny and 6. 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)

..... 2020 r.  
(date)

.....  
(Name and surname)