



### Packet Pick-Up Authorization Form

**If you are unable to pick up your race packet, you may authorize a friend to do so for you during the Packet Pick-Up hours at the Sanford Health Fitness Expo. Your representative must bring this completed form with them to the Sioux Falls Arena.**

1. Representative goes directly to the area of the runner's race number.  
Example, Race Number: 569  
Go to the Packet Pick Up section 1- 1000
2. Representative presents this form and his or her valid photo ID to the volunteer.
3. Instruct your representative to check to verify your information is correct.

The undersigned has permission to pick up my race number, packet, and participant gift. Sioux Falls Marathon is relying on the foregoing authorizations and agree to indemnify and holds Sioux Falls Marathon harmless for any damages associated with such authorizations and/or as a result of Sioux Falls Marathon's reliance on such authorizations to its detriment.

I understand that only the runner assigned to this race number may participate. Therefore, I understand that selling or swapping race numbers is prohibited and that any party to such will be disqualified from this year's race and banned from future Sioux Falls Marathon events.

\_\_\_\_\_  
Runner's Race Number

\_\_\_\_\_  
Runner's Name

\_\_\_\_\_  
Runner's Signature

\_\_\_\_\_  
Representative's Name

( \_\_\_\_\_ ) \_\_\_\_\_  
Representative's Phone Number

\_\_\_\_\_  
Representative's Signature