



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 Health & Fitness Expo. Your representative must bring this completed form with them.

1. Representative goes directly to packet pick up
2. Representative presents this form and his or her valid photo ID to the volunteer.

The undersigned has permission to pick up my race packet. St. Augustine Half Marathon is relying on the foregoing authorization. The undersigned and I agree to indemnify and hold St. Augustine Half Marathon and its organizers harmless for any damages associated with such authorizations and/or as a result of reliance on such authorizations. I trust my representative and am accepting full responsibility if he/she fails to give me my bib. I will not request a refund. I also acknowledge that I have signed the event waiver online when registering for the event.

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 events.

Runner's Name

Runner's signature

Representative's Name

Runner's Phone Number