



AUTHORIZATION

**to collect starter packages for the Vienna City Marathon /
Half Marathon / Relay Marathon / Vienna 10K 2019**

I (participant)herewith authorize
.....**COLLECTOR'S NAME/SURNAME**

to collect my starter package for the following 2019 event:

Marathon
 Half Marathon
 Relay Marathon
 Vienna 10K

BIB NUMBER _____

MOBILE PHONE NUMBER _____

Please attached these documents:

- **Collection Confirmation**
- **Copy of photo ID**

COLLECTOR'S CONFIRMATION OF RECEIPT

I confirm with my signature that I will not pass on the BIB number I have collected for the participant identified above to a third person. I am aware of the fact that the BIB number is the only means of identification in case of emergency. I am aware of the fact that passing on the BIB number to another person can endanger another person in case of emergency, and that such an offensive behavior constitutes a transgression of the authorization and can lead to liability.

Date

Participant's signature

Date

Signature of the person collecting bib number