



AUTHORIZATION

to collect starter packages for the Vienna City Marathon /
Wiener Städtische Half Marathon / Relay Marathon

I (participant)herewith authorize

.....COLLECTOR'S NAME/SURNAME

to collect my starter package for the following 2024 event:

- MARATHON
- WIENER STÄDTISCHE HALF MARATHON
- RELAY MARATHON

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