



**RELAY
MARATHON**

Authorization to pick-up the start numbers in our behalf

I, _____, authorize Mr./Mrs
_____ to pick-up the start
numbers and goody bags for my team.

Date: _____ **Signature**:** _____

Waiver of liability*

We declare that we know and fully accept the rules of the 11th Lenovo Relay Marathon.

We also declare to be fit to participate from a medical point of view, having sustained a thorough and adequate medical exam, in compliance with health regulations governing the participation in a non-competitive sport event in Italy. We are also adequately trained.

Therefore we take full and complete responsibility for any injury or accident that can happen to us, and for the damages caused to third parties by us, within the areas relevant to the event, before, during and after the competition. We waive, release and forever discharge S.S.D. **RCS Active Team** a r.l., **RCS Sports & Events** srl, **SDAM** srl, **OPES** and all institutions and companies involved in the organization of the event for all the liabilities, claims, actions, or damages that we might have against them arising out of or in any way connected with our participation before, during or after the event.

We declare that the start numbers given to us to run the 11th Lenovo Relay Marathon on April 2, 2023 will not be used by any person outside those registered with the team.

NUMBER OF THE TEAM: _____

FIRST NAME: _____

LAST NAME: _____

Date: _____ **Signature**:** _____

*** The waiver must be filled by the athlete that authorizes the pick-up, otherwise this document won't be accepted.**

**** Signature on behalf of the entire team, the signer having been duly authorized by each of the other members of the team.**