LITTLE ROCK MARATHON

PACKET PICK-UP AUTHORIZATION FORM

PACKET PICK UP LOCATION

EXPO DATES/HOURS

Statehouse Convention Center Main & Markham Streets Little Rock, Arkansas 72201

O Marathon O Marathon/5K O Marathon/10K

RACE (check one):

Friday, March 1, 2024 (10 am to 7 pm) Saturday, March 2, 2024 (8 am to 5 pm)

LAST 4 DIGITS OF REGISTRATION CONFIRMATION NUMBER:*

Please Print Clearly

THIS FORM MUST BE COMPLETED AND SIGNED TO PICK UP A RACE PACKET ON BEHALF OF A PARTICIPANT

○ Half Marathon ○ Half/5K ②Half/10K ○ 10K ○ 5K	
	(On original confirmation email, which was sent when you registered online)*
PARTICIPANT INFORMATION	
First Name MI	Last Name
City State	Date of Birth (Month/Date/Year)
Lam unable to pick up my participant race packet. I therefore auth	norize the Little Rock Marathon release my race packet and premiums to:
, particular production of the control of the contr	· · · · · · · · · · · · · · · · · · ·
First Name	Last Name
Prist Name (Please print the full name of the individual you have authorized to pick up your race	Last Name
released): A signed original copy of this Packet Pick-Up Authorizat A copy of my registration confirmation email*	tion Form
WAIVER (signed by the participant):	
	acket Pick-Up Authorization Form to the Little Rock Marathon without
	e Rock Marathon is relying on the foregoing authorizations and I agree to
•	nages associated with such authorizations and/or as a result of the Little
Rock Marathon reliance on such authorizations to its detriment.	
My Representative is aware that he/she must present their own va Representative is also aware that he/she will be limited to picking of	
Participant Signature	Date

INDIVIDUAL PICKING UP YOUR RACE PACKET MUST SHOW **THEIR** PHOTO ID (not your ID)

^{*}All participants should have received a Registration Confirmation Email immediately after they registered. To get another confirmation email sent, please go to www.littlerockmarathon.com and use the **CONFIRM REGISTRATION** button on side of the "Register Now" link.