## Super Power 5K® Packet Pick Up Authorization Form

In order to have someone else pick up a packet on behalf of a participant, the following fields MUST be completed. The person who is authorized to pick up the packet must bring this completed form to the packet pick up location along with a copy of the participants photo ID.

Participant Bib #	
Participant First Name:	Participant Last Name:
Name of person authorized to pick up race pack	ket:
	WAIVER
TO ASSUME ALL RISK OF PARTICIPATION WAIVER OF LIABILITY AGREEMENT: The un representatives, assigns, heirs, and executors, fur including negligence, Great White North Communagencies whose property or personnel are us individuals related to the Events, and their resaffiliates (collectively the Releasees). Athlete and and executors waives the right to sue Releas Athlete or Athlete's property or resulting in Athlete Events including but not limited to losses or dama negligence of others, weather conditions or othe programs and/or giveaways conducted at the evathlete warrants that Athlete is in good physical Athlete is fully aware of the risks and hazards in serious physical trauma, injury or death, and elecathlete agrees to the use of Athlete's name and and other media without compensation. The Athlete agrees to all medical records (and physicians) as authorize medical treatment as needed. The Athlese the right to alter, change, cancel and/or post affect or impact the event which are beyond their release agreement are true and correct and und to participate in the Events. ATHLETE HAS REAINTENTIONALLY AND VOLUNTARILY CERTIFIE I authorize the person named above as my dulor material.	nications Inc., Fan Expo HQ, Informa Canada Inc., all municipal sed, all other sponsoring or co-sponsoring companies or spective employees, agents, volunteers, representatives and ad on Behalf of Athlete's personal representatives, assigns, heirs ees for all losses and damages that arise from any injury to e's death in connection with the Athlete's participation in the age caused by the negligence of all or any of the Releasees, the rwise, and also including any pre or post-race activities and any ents and/or activities by a sponsor or other third party. The condition and is able to safely participate in the Events. The herent in participating in the Events, including the possibility of cts to voluntarily compete in the Events knowing such risks. The diphotographs in broadcasts, newspapers, magazines, brochures, lete acknowledges that the entry fee is nonrefundable and nonirector of the Super Power 5K its agents, affiliates, and designees a needed and ete acknowledges that Great White North Communications Inc., pone any of these events as a result of circumstances that would recontrol. The Athlete warrants that all statements made in this erstands that Releasees have relied on them in allowing Athlete AD THE FOREGOING, UNDERSTANDS ITS CONTENTS AND ES COMPLIANCE BY ACCEPTING THIS WAIVER.  Ity authorized representative to pick up my race packet and /
understand the foregoing RELEASE AND W below intentionally and voluntarily agree to its bind me, my child, and our heirs legal representations.	to participate in the Super Power 5K® events. I have read and AIVER OF LIABILITY AGREEMENT (above) and by signing terms and conditions and agree that its terms shall likewise entatives, and assignees. I further certify that my son/daughterly participate in the EVENTS. I hereby authorize medical treatments
Participant Signature or Legal Guardian for participants under	Date

18 years of age.