



Presented
by:  **MAYO CLINIC**
HEALTH SYSTEM

Packet Pick-Up Waiver

I give permission to _____ to pick up my race day packet from Mankato Marathon's Packet Pick-Up. I accept full responsibility if he/she fails to give me any of my race day materials I may have purchased and will not receive a refund from the Mankato Marathon.

Race _____ Event (5K, 10K, etc.) _____ Shirt Size _____

Print Name _____

Signature _____ Date _____