



Race Entry Pick-up Waiver

I _____ hereby give permission to _____ to receive my race registration and race bib for the Go Commando Half Marathon or 5K in Clarksville, Tennessee on Saturday, October 21, 2017. I understand that by signing this form the Go Commando race staff and any and all sponsors or volunteers are not responsible for the lost or stolen entry once released to the above-mentioned person.

Race Participant (please print)

Authorized pick-up person (please print)

Race Participant (please sign)/ Date

Authorized pick-up person (please sign)/Date

MUST SIGNED BY BOTH PARTIES TO COMPLETE PROCESS

<p>For Official Use Only:</p> <p>BIB Number: _____</p> <p>RACE:</p> <p>Circle one: 5K HALF</p>
