



**MILANO
MARATHON**

Authorization to pick-up the start number in my behalf

I, _____, authorize Mr./Mrs
_____ to pick-up my start
number and goody bag.

Date: _____ **Signature:** _____

Waiver of liability*

I declare that I know and fully accept the rules of the 19th Generali Milano Marathon.

I 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 competitive Athletics in Italy. I am also adequately trained.

Therefore I take full and complete responsibility for any injury or accident that can happen to me, and for the damages caused to third parties by me, within the areas relevant to the event, before, during and after the competition. I waive, release and forever discharge S.S.D. **RCS Active Team** a r.l., **RCS Sport** spa, **Timing Data Service** srl, **njuko** SAS, **FIDAL** and all institutions and companies involved in the organization of the event for all the liabilities, claims, actions, or damages that I might have against them arising out of or in any way connected with my participation before, during or after the event.

I declare that the start number given to me to run the 19th Generali Milano Marathon on April 7, 2019 will not be used by any person other than myself.

FIRST NAME: _____

LAST NAME: _____

DATE OF BIRTH: _____ **BIB NUMBER:** _____

Date: _____ **Signature:** _____

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