

AUTORIZATION

I, the undersigned

(Team Captain

ID card holder series and number I authorize Mrs. / Mr.

the person holding the identity card, series and number to collect the starting package of the Marathon Relay during the Gdańsk Marathon 2025.

Authorizing:

.....

.....

Name and Surname

Signature

STATEMENT

I declare that I am familiar with the Regulations and undertake to comply with them. I hereby declare that I am capable of participating in the Marathon Relay during the Gdańsk Marathon 2025 and I am starting at my own risk. I also certify that the received starting package will not be transferred/sold to third parties.

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Name and Surname

Signature