



AUTHORIZATION

I, the undersigned, holding an identity card series number , hereby authorize , holding an identity card series number , to collect the starter pack for the PKO Gdynia Half Marathon / PKO Gdynia 5k / PKO Gdynia Half Marathon Relay*.

I attach a photocopy of my identity card (for verification) and a signed Statement of No Contraindications for participation in the race.

.....

Place, date

.....

Signature

STATEMENT

I hereby declare that I have read the regulations of the PKO Gdynia Half Marathon / PKO Gdynia 5k / PKO Gdynia Half Marathon Relay*, accept them, and commit to adhering to their provisions. I also commit to following the instructions issued by the organizer, race staff, security, and medical services. Furthermore, I declare that there are no health contraindications preventing my participation in the race.

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Signature

**Cross out as applicable*