

AUTHORIZATION TO PICK-UP THE BIB NUMBER

I, _____, authorize
_____ to pick-up my bib number and the
race pack.

Date: _____ **Signature:** _____

WAIVER OF LIABILITY*

I declare that I'm aware and fully accept the rules of the Mezza Maratona d'Italia - Memorial Enzo Ferrari 2026.

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 non competitive sport event in Italy and properly trained.

I therefore assume full and complete responsibility for any injury or accident that may occur to me and for any damage caused by me to third parties, within the areas pertinent to the event, before, during and after the holding of the competition, thus relieving **S.S.D. RCS Active Team a r.l., RCS Sport & Events srl, EVODATA srl, NJUKO SAS, FIDAL** and all entities and companies involved in the organization of the event from any civil and criminal liability.

I declare that the bib given to me by S.S.D. RCS Active Team a r.l. to participate in the Mezza Maratona d'Italia - Memorial Enzo Ferrari on March 29, 2026 will not be used by anyone other than me.

NAME :

SURNAME :

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

DATE : _____ **SIGNATURE :** _____

mezzamaratonaditalia.it

UN EVENTO ORGANIZZATO DA



* must be mandatorily completed by the registered athlete making the p, otherwise the proxy itself will not be considered valid.

mezzamaratonaditalia.it

UN EVENTO ORGANIZZATO DA

RCS
Sports & Events

RCS
Active Team