



NYRR Pregnancy and Postpartum Cancellation Medical Authorization Form

NYRR Event
(Select One)

- ☐ United Airlines NYC Half
- ☐ RBC Brooklyn Half
- ☐ TCS New York City Marathon

Date of NYRR Event

Name of Participant

Name of Healthcare Provider*

Healthcare Provider Address

Healthcare Provider Phone

Healthcare Provider Email

*Healthcare provider may be a physician, registered midwife, or other licensed healthcare provider.

I confirm that the Participant meets one (1) of the following eligibility requirements for the event listed above:

- The participant is currently pregnant and is expected to be pregnant at the time of the event date.
- The participant has been pregnant prior to the event and will be postpartum at the time of the event date. NYRR defines postpartum as one (1) year following the birth of a child.
- The participant had been pregnant and experienced pregnancy loss up to six (6) months prior to the event date they are registered for. Pregnancy loss is defined as the death of an unborn baby (fetus) at any time during pregnancy. Pregnancy loss can include, but is not limited to, anembryonic pregnancy; miscarriage; ectopic pregnancy; molar pregnancy; and/or stillbirth.

Healthcare Provider Signature

Healthcare Provider Name
(Print)

Date