



Powering an
Active RVA

MARATHON TRAINING TEAM

ENTRY FORM AND PAYMENT MUST BE RECEIVED BY JUNE 22, 2014

First Name															Last Name																													
Street Address																																												
City																				State					ZIP Code																			
Daytime Telephone Number															Date of Birth (mm/dd/yy)																													
Have you participated in the Sports Backers Marathon Training Program before? (Please check one) <input type="checkbox"/> Yes / <input type="checkbox"/> No																														Predicted Finish Time: (26.2 miles) <input type="text"/> : <input type="text"/> : <input type="text"/> (Hours : Minutes : Seconds)										Sex <input type="text"/>				
E-mail Address:																																												
Circle Technical Race Shirt Style:															Circle Shirt Size (gender-specific):																													
<input type="checkbox"/> Singlet <input type="checkbox"/> Sleeveless (v-neck)															<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL																													
Nickname:															This name will be printed on your personalized marathon bib. (Note: Only the first 11 characters will appear on your bib.) If you do not want your name printed on your bib, leave this field blank.																													

Payment Method:

- ☐ Check (Payable to SPORTS BACKERS)
- ☐ Credit Card (Visa, MasterCard, or American Express)

Credit Card Number: _____

Expiration Date: ____ / ____

Name as it appears on card: _____

As part of the training program, we subdivide the team into smaller groups. These groups are intended to be of people who have similar running abilities. These are the people you will get to know best. In order to assign you to the proper group, please answer all of the following questions:

Which day do you plan on participating in the group runs?
 (Please check one) ☐ Sat. / ☐ Sun.

What time would you like to participate in the group runs?
 (Please check one) ☐ 7:30 a.m. (7:00 a.m. in hot weather)
☐ 7:00 a.m. (6:30 a.m. in hot weather)

What level of the runner are you? Please check either NOVICE or INTERMEDIATE.

____ Novice (Run 2–4 days per week. Run less than 15 miles per week. Can run 3–5 miles at once.)
 ____ Intermediate (Run 3–5 days per week. Run 20–25 miles per week. Can run 7–8 miles at once.)

How fast do you run per mile? ____
 What is your most recent 10k time? ____

EVERY PARTICIPANT MUST SIGN THIS WAIVER! Runner's Agreement, Waiver, Release, And Acknowledgment

I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am qualified, in good health, medically able, and properly trained. I assume all risks associated with this event including, but not limited to: falls, contact with other participants, the effects of weather, including high heat and/or humidity, traffic, and the conditions of the road, all such risks being known and appreciated by me. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the event. I fully accept and assume all responsibility for losses, costs, and damages I incur as a result of my running this event. I agree to abide by any decision of a race official relative to my ability to safely complete the run. Having read this waiver, knowing these facts, and in consideration of accepting my entry, I for myself and anyone entitled to act on my behalf, discharge, waive, and release the Metropolitan Richmond Sports Backers, Anthem Blue Cross Blue Shield, American Family Fitness, HCA Virginia, City of Richmond, County of Henrico, USA Track & Field, along with their officers, directors, agents, volunteers, and employees from all claims or liabilities of any kind arising out of my participation in this event.

Signature

Date

RACE DAY EMERGENCY CONTACT NAME

RACE DAY EMERGENCY CONTACT PHONE NUMBER

TRAINING TEAM FEES

(includes entry into the 2014 Anthem Richmond Marathon and the Sports Backers Marathon Training Team)

Through May 23	\$160	= \$	<input type="text"/>
May 24–June 22	\$175	= \$	<input type="text"/>
DONATION: Kids Run RVA		= \$	<input type="text"/>

Make check payable to: **Sports Backers**

Mail This Entry Form And Payment To: **Sports Backers**

100 Avenue of Champions, Suite 300 • Richmond, VA 23230

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E-mail: marathon@sportsbackers.org • www.richmondmarathon.org