



REGISTRATION FORM | Marathon Training Team

ENTRY FORM AND PAYMENT MUST BE RECEIVED BY JUNE 23, 2019

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First Name

Last Name

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Street Address

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City

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State

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Zip

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Daytime Telephone Number

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Date of Birth (mm/dd/yy)

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Predicted Finish Time:
(13.1 miles)

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(Hours : Minutes)

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Sex

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E-mail Address:

Circle Technical Race Shirt Style: **Unisex** **Women's (v-neck)**

Circle Shirt Size (gender-specific): **S** **M** **L** **XL** **XXL**

Nickname:

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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: ____/____/____ Security Code: _____

Name as it appears on card: _____

Please note:
All credit card transactions will incur a 5% processing fee.

We subdivide the Training Team into smaller groups 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:

What day and time would you like to participate in the group runs? (Please check one)

- Saturday at 7:00 a.m. (6:30 a.m. in hot weather)
- Saturday at 7:30 a.m. (7:00 a.m. in hot weather)
- Sunday at 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 or more per week. Can run 7-8 miles at once.)

Select Gender Specific Shirt: **Unisex** or **Women's** (Circle Shirt Size) **S** **M** **L** **XL** **XXL**

RACE DAY EMERGENCY CONTACT

NAME _____

PHONE NUMBER _____

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 will 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 event. 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, Virginia Commonwealth University Health System Authority, Markel Corporation, Whole Foods Market, City of Richmond, County of Henrico, USA Track & Field, Road Runners Club of America, and any other sponsors, 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. I understand that the entry fee is non-refundable and non-transferable. This is a road race conducted under the rules of USATF. It is not intended for and will not permit individuals with baby joggers, strollers, dogs on leashes, skateboards or roller blades.

Signature _____

Date _____

TRAINING TEAM FEES

Includes FREE entry into 2019 VCU Health Richmond Marathon and Sports Backers Marathon Training Team

Through May 19	\$165	= \$	<input type="text"/>
May 20-June 23	\$180	= \$	<input type="text"/>
Income Based (through 6/23)	\$30	= \$	<input type="text"/>
Donation to Kids Run RVA		= \$	<input type="text"/>
TOTAL = \$			<input type="text"/>

You may not defer your 2019 Sports Backers Marathon Training Team entry nor your free entry in the 2019 VCU Health Richmond Marathon to the 2020 event.

SPECIAL RATE VERIFICATION - OFFICE USE ONLY

This individual has demonstrated eligibility of income less than \$25,000/year by providing one of the following:

- Verification/Eligibility letter from Social Services
- Tax Return
- 2 most recent paystubs

Approved by: _____

Name

Date

Entry fees are non-refundable and non-transferable. No exceptions. Make check payable to Sports Backers. Bring this form along with proof of need, if applicable, to the Sports Backers office located at 100 Avenue of Champions, Richmond, VA 23230.

marathon@sportsbackers.org • www.richmondmarathon.org • (804) 285-9495