



FEBRUARY 10 - APRIL 20

RICHMOND, VA

FIRST NAME															LAST NAME																								
STREET ADDRESS																																							
CITY															STATE					ZIP CODE					M / F / NB					DATE OF BIRTH (mm/dd/yy)									
TELEPHONE #										EMAIL ADDRESS																				Estimated Finish Time									
Select shirt size (check one)															Select Your Training Location															What level would you like to train with? You are welcome to change groups as needed. (Please check one)									
<input type="checkbox"/> YOUTH LARGE <input type="checkbox"/> LARGE <input type="checkbox"/> SMALL <input type="checkbox"/> X-LARGE <input type="checkbox"/> MEDIUM <input type="checkbox"/> XX-LARGE															Please write in the name of the facility where you will train. Visit sportsbackers.org for a list of locations. _____ _____															<input type="checkbox"/> MOVERS (NOVICE) (Will complete less mileage throughout the season) <input type="checkbox"/> SHAKERS (INTERMEDIATE) (Will complete more mileage throughout the season)									

EVERY PARTICIPANT MUST PROVIDE	RACE DAY EMERGENCY CONTACT NAME: _____	TELEPHONE#: _____
--------------------------------	--	-------------------

This training team has a **NO** refund policy, even in the case of a race cancellation, event format changes, postponement, and/or if you are unable to participate. You may not transfer your entry to another person. **NO EXCEPTIONS. Photo/Film Release:** Your image, motion picture, recording, or any other record of this event may be used for future marketing materials or other legitimate uses.

You may defer your 2024 YMCA 10k Training Team entry through February 10 for \$15. You may not defer your free entry into the 2024 Ukrop's Monument Avenue 10k.

Payment Method: <input type="checkbox"/> Check (Payable to SPORTS BACKERS) <input type="checkbox"/> Credit Card (Visa, MasterCard, or American Express)	Credit Card Number: _____ - _____ - _____ - _____ Expiration Date: ____/____/____ CSV: _____ Billing Zip Code: _____ Name as it appears on card: _____	Please note: All credit card transactions will incur a 5% processing fee.
--	--	---

ENTRY FEE	Includes Ukrop's Monument Avenue 10k & YMCA 10k Training Team entry)
\$60 through May 2	\$ _____
\$65 Novemeber 29 - January 3	\$ _____
\$65 January 4 - January 31	\$ _____
\$70 February 1 - February 20	\$ _____
\$15 Income based rate available through February 20	\$ _____
SPECIAL RATE VERIFICATION - Office Use Only This individual has demonstrated eligibility of income of less than \$25,000/year by providing one of the following: <input type="checkbox"/> Verification/Eligibility letter from Social Services <input type="checkbox"/> Tax return <input type="checkbox"/> YMCA income-based rate Approved: _____ (Name) _____ (Date)	
20k Challenge (Additional \$23) Complete a virtual 10k from April 13-20 and then complete the in-person 10k on April 20. Participants will receive an additional medal and Ukrop's Rainbow Cookies	\$18 \$ _____
Donations	
Kids Run RVA Donation	\$ _____
VCU Massey Cancer Center Donation	\$ _____
Technical Shirt/Tank Upgrade Upgrade from a 100% cotton race t-shirt to a Brooks technical running shirt or tank for \$20. (Circle Unisex Shirt or Ladies Tank)	\$ _____
TOTAL AMOUNT ENCLOSED	\$ _____

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

I know that running or walking a road race is a potentially hazardous activity. I will not enter and participate 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, the conditions of the road, potential exposure to communicable disease (including but not limited to coronavirus/COVID-19, other viruses, bacteria, and all other infectious pathogens and disease vectors), 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, Ukrop's Homestyle Foods, Kroger, YMCA of Greater Richmond, Atlantic Union Bank, Sheehy Auto Stores, Bon Secours Mercy Health, Inc., VCU Massey Cancer Center, City of Richmond, County of Henrico, Road Runners Club of America, USA Track and Field, 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.

SIGNATURE (Parent or Guardian if Under Age 18) _____ DATE _____

Entry fees are non-refundable and non-transferable. No exceptions. Make checks payable to Sports Backers. Sign up online or mail this entry form and payment to:
Sports Backers | 100 Avenue of Champions | Richmond, VA 23230