REGISTRATION FORM | 8k Training Team

ENTRY FORM AND PAYMENT MUST BE RECEIVED BY SEPTEMBER 24, 2017

First Name

Last Name

Street Address

City

State

Zip

Daytime Telephone Number

Date of Birth (mm/dd/yy)

Have you participated in the Sports Backers 8k Training Program before? (Please check one) Yes / No

Predicted Finish Time: (8k or 4.97 miles) (Hours : Minutes)

Sex

E-mail Address:

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

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

Nickname:

This name will be printed on your personalized 8k bib if you register by September 25. (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: _____

What level would you like to train with? _____ Walker _____ Runner/Jogger

Location where you will train (Training begins September 16 at all locations)

❑ Carytown - Richmond Shopping Center
❑ Chesterfield County Health Dept.
❑ Short Pump Whole Foods Market
❑ New Highland Baptist Church
❑ Bellemeade Community Center
❑ The Millworks at the Green
❑ Peter Paul Development Center
❑ Traveling Team

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 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, Markel Corporation, Virginia Commonwealth University Health System Authority, Whole Foods, City of Richmond, County of Henrico, USA Track & Field, Road Runners Club of America, 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**

TRAINING TEAM FEES

Includes entry into 2017 VCU Health 8k and Sports Backers 8k Training Team

Through September 24	$55	= $
Income Based Rate	$10	= $
Donation to Kids Run RVA		= $
		TOTAL = $

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