



8K TRAINING TEAM

ENTRY FORM AND PAYMENT MUST BE RECEIVED BY SEPTEMBER 23, 2011

REGISTRATION FORM

First Name	Last Name

Street Address

City	State	ZIP Code	Sex	

Daytime Telephone Number	Date of Birth (mm/dd/yy)						

Evening Telephone Number	Predicted Finish Time of 8k (Hours : Minutes)						

E-mail Address:

Circle Event Shirt Size (Unisex)	S M L XL XXL	Are you an organ transplant recipient? (Please check one)	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Has your life been touched by transplantation and/or organ and tissue donation? (Please check one)	<input type="checkbox"/> Yes / <input type="checkbox"/> No
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Nickname: <input style="width: 300px;" type="text"/>	Yes, send me information on organ and/or tissue donation. (Please check one)	<input type="checkbox"/> Yes / <input type="checkbox"/> No
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This name will be printed on your personalized 8k 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.

Location where you will train

- Johnston-Willis Hospital
- John Rolfe Martin's
- Retreat Doctors' Hospital
- Woodlake United Methodist Church
Hampton Park Campus
- Cool Spring Baptist Church

What level would you like to train with?

- You are welcome to change groups as needed (please check one)
- Walker
 - Runner/Jogger

<p>Payment Method:</p> <p><input type="checkbox"/> Check (Payable to Sports Backers)</p> <p><input type="checkbox"/> Credit Card (Visa, MasterCard, or American Express)</p>	<p>Credit Card Number: _____ - _____ - _____ - _____</p> <p>Expiration Date: ____/____/____</p> <p>Name as it appears on card: _____</p>
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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 medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running and training for this event including, but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Metropolitan Richmond Sports Backers and its officers and agents, the Road Runners Club, the City of Richmond, County of Henrico, SunTrust Bank, McDonald's, HCA Virginia, UNOS, all other sponsors, their representatives and successors including the Road Runners Club of America, its officers, directors, agents, and employees from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose.

Signature

Date

RACE DAY EMERGENCY CONTACT NAME
RACE DAY EMERGENCY CONTACT PHONE NUMBER

TRAINING TEAM FEES

(includes your entry into the 2011 HCA Virginia 8k and the Sports Backers 8k Training Team)

Through September 23 \$55 = \$

Entry Fees are non-refundable and non-transferable, no exceptions.
Make check payable to: **Sports Backers**
Mail This Entry Form And Payment To:
Sports Backers
100 Avenue of Champions, Suite 300 • Richmond, VA 23230
(804) 285-9495 • Fax: (804) 285-3132
E-mail: marathon@sportsbackers.org • www.richmondmarathon.org