



SPORTS BACKERS MARATHON TRAINING TEAM

ENTRY FORM AND PAYMENT MUST BE RECEIVED BY JUNE 25, 2017

REGISTRATION FORM

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)	Yes / No	Predicted Finish Time: (26.2 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 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: <input type="checkbox"/> Check (Payable to SPORTS BACKERS) <input type="checkbox"/> 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:

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

Saturday at 7:00 a.m.
 Saturday at 7:30 a.m.
 Sunday at 7:00 a.m.

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.)
 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, Markel Corporation, Virginia Commonwealth University Health System Authority, Whole Foods Market, 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 _____

RACE DAY EMERGENCY CONTACT NAME

RACE DAY EMERGENCY CONTACT PHONE NUMBER

TRAINING TEAM FEES			
(includes FREE entry into the 2017 Anthem Richmond Marathon and the Sports Backers Marathon Training Team)			
Through May 19	\$165	= \$	[]
May 20-June 25	\$180	= \$	[]
Donation to Kids Run RVA		= \$	[]
TOTAL = \$			[]

Make check payable to: **Sports Backers**
 Mail This Entry Form And Payment To:
Sports Backers
 100 Avenue of Champions • Richmond, VA 23230
 (804) 285-9495 • Fax: (804) 285-3132
 E-mail: marathon@sportsbackers.org • www.richmondmarathon.org