

Signature (Parent/Guardian if under 18)

Date

REGISTRATION FORM | Marathon Training Team

info@sportsbackers.org | www.richmondmarathon.org | (804) 285-9495

TRAINING BEGINS JUNE 7 & 8, 2025

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irst Name	Last Name
treet Address	
ity	State Zip
	Predicted Finish Time: M / F / NB
elephone Number Date of Bi	irth (mm/dd/yy) (26.2 miles) (Hours : Minutes) GENDER (circle one)
-mail	
Jnisex Long Sleeve Technical Race Shirt: XS S M L XL	XXL or opt out Race Day technical Shirt Cut: Unisex Singlet Ladies Singlet Unisex Tech T
3	,
Unisex Cotton/poly Blend Tshirt: XS S M L XL XXL X	XXL or opt out Race Day technical Shirt Size: XS S M L XL XXL or opt of
Payment Method: Cred	dit Card Number:
	iration Date:/ Zip Code:Security Code: All credit card transactions will
☐ Credit Card(Visa, MasterCard, or American Express) Nam	ne as it appears on card: incur a 5% processing fee.
Cell Phone:	
(We encourage all participants to carry a cell phone on their person for all training sessions to	IKAINING & RACE DAY EMERGENCY CONTACT
We subdivide the Training Team into smaller groups intended to be of people who have similar speeds and training levels. 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 training?	(Please check one)
Saturday at 6:30 a.m. Saturday at 7:00 a.m.	Sunday at 6:30 a.m.
What level of training are you? Please check only one based on mileag	ge, not speed.
500/Novice (Run 2-4 days & 15 or less miles per week) Intermediate (Run 3-5 days & about 20-25 miles per week)	PHONE NUMBER
Walking Team (Saturday at 6:30 a.m. Only)	
Virtual (Train on your own)	
his training team has a NO refund policy, even in the case of a race cancellation, event forma XCEPTIONS. PhotorFilm Release: Your image, motion picture, recording, or any other record of the inchmond Marston, MTT Minimum Apr. 16 loars and 15 years under the age of 16, years under	at changes, postponement, and/or if you are unable to participate. You may not transfer your entry to another person. No this event may be used for future marketing materials or other legitimate uses. Course Time Limit: 7 Hours for the Allianz st have a parent/guardian present for all training runs.
icilinolid maratholi. MTT millimuli Age : 10 years old. If you are under the age of 10, you mus	TRAINING TEAM FEES (ENTRY FROM & PAYMENT MUST BE RECEIVED BY JULY 7 2025)
Every participant must sign this waiver!	Includes a FREE entry into the 2025 Allianz Partners Richmond Marathon
Runner's Agreement, Waiver, Release, And Acknowledgment I know that training for a road race and running a road race is a potentially	November 22 - May 30 \$190 =\$
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 training	May 1 - July 7 \$200 =\$
and running this event including, but not limited to: falls, contact with other	Income Based (through 7/7) \$40 =\$
participants, the effects of weather, including high heat and/or humidity, traffic, the conditions of the road, potential exposure to communicable disease	Donation to Sports Backers Youth Programs =\$
(including but not limited to coronavirus/COVID-19, other viruses, bacteria, and all other infectious pathogens and disease vectors), all such risks being known	Make a \$50 donation to Sports Backers Youth Programs and take \$20 off your entry fee.
and appreciated by me. I acknowledge that if I believe training and/or event conditions are unsafe, I will immediately discontinue participation in training	You may defer your 2025 Sports Backers Marathon Training Team entry through July 14 for \$25. No deferral
and/or the event. I fully accept and assume all responsibility for losses, costs, and damages I incur as a result of my training and/or running this event. I agree to	will be allowed after July 17. You may not defer your free entry in the 2025 Allianz Richmond Marathon.
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	SPECIAL RATE VERIFICATION - OFFICE USE ONLY
accepting my entry, I for myself and anyone entitled to act on my behalf, discharge, waive, and release the Metropolitan Richmond Sports Backers, AGA	This individual has demonstrated eligibility of income less than \$25,000/year by providing one
Service Company, CarMax, Virginia Commonwealth University Health System Authority, City of Richmond, County of Henrico, USA Track & Field, Road	of the following:
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.	Approved by:
	Name Date Make check payable to Sports Backers. Bring this form or mail along with any documentation of new
	if applicable, to the Sports Backers office located at 4921 Lakeside Avenue, Henrico, VA 23228.
	email it to mara@sportsbackers.org