

Allianz Partners, City of Richmond, County of Henrico, USA Track & Field, Road 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

Date

Signature (Parent/Guardian if under 18)

REGISTRATION FORM | Half Marathon Training Team TRAINING BEGINS AUGUST 10 & 11, 2024

T BACKLINS	
rst Name	Last Name
reet Address	
	State Zip
, 	Predicted Finish Time: M / F / NB
ytime Telephone Number Date of E	Sirth (mm/dd/yy) (13.1 miles) (Hours : Minutes) GENDER (circle one)
mail dress:	
nisex Long Sleeve Technical Race Shirt XS S M L	XL XXL XXXL or OPT OUT
nisex Cotton/Polly Blend T-Shirt Size: XS S M L	XL XXL XXXL or OPT OUT
Payment Method: Cred	it Card Number:
☐ Check (Payable to SPORTS BACKERS) Expir	ration Date:/ Zip Code:Security Code: transactions will incur a 5%
☐ Credit Card(Visa, MasterCard, or American Express) Nam	e as it appears on card: processing fee.
intended to be of people who have speeds and training levels. In ord group, please answer all of the following questions: What training level are you? Please check only one (based on milage of the Novice (Run 2-4 days & 15 or less miles per week) Intermediate (Run 3-5 days & about 18-25 miles per week) Walking Team (Saturday Only) Virtual (Train on your own) What day would you like to participate in the group runs? (Check one) Circle Technical Shirt choice: Ladies Singlet or Unisex Singlet Size: is training team has a No refund policy, even in the case of a race cance	NAME PHONE NUMBER Saturday Sunday
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. HMTT Minimum Age: 14 years old. If you are under the age of 16, you must have a parent/guardian present for all training runs.	
Every portion out must sign this waived	TRAINING TEAM FEES (ENTRY FROM & PAYMENT MUST BE RECEIVED BY AUGUST 31, 2024)
Every participant must sign this waiver! Runner's Agreement, Waiver, Release, And Acknowledgment	Includes a FREE entry into the 2024 CarMax Richmond Half Marathon
know that running or walking a road race is a potentially hazardous	November 17 - July 18 \$150 =\$
activity. I will not enter and participate unless I am qualified, in good health, medically able, and properly trained. I assume all risks	July 19 - August 31 \$160 = \$
associated with this event including, but not limited to: falls, contact	Income Based (through 8/31) \$35 =\$
with other participants, the effects of weather, including high heat and/or humidity, traffic, the conditions of the road, potential exposure	Donation to Sports Backers Youth Programs =\$
to communicable disease (including but not limited to coronavirus/COVID-19, other viruses, bacteria, and all other infectious	Make a \$50 donation to Sports Backers Youth Programs and take \$20 off your entry fee.
pathogens and disease vectors), all such risks being known and	You may defer your 2024 Sports Backers Half Marathon Training Team entry through Sept 2 for \$20. No deferrals
appreciated by me. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the event. I	will be allowed after Sept 2 You may NOT defer your free entry into the 2024 CarMax Richmond Half Marathon.
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	SPECIAL RATE VERIFICATION - OFFICE USE ONLY
by any decision of a race official relative to my ability to safely	This individual has demonstrated eligibility of income less than \$25,000/year by providing or
complete the event. Having read this waiver, knowing these facts, and in consideration of accepting my entry, I for myself and anyone	of the following:
entitled to act on my behalf, discharge, waive, and release the Metropolitan Richmond Sports Backers, Virginia Commonwealth	☐ Verification/Eligibility letter from Social Services ☐Tax Return
University Health System Authority, CarMax, AGA Service Company, Allianz Partners, City of Richmond, County of Henrico, LISA Track &	Approved by:

Make check payable to Sports Backers. Bring this form or mail along with any documentation of need, if applicable, to the Sports Backers office located at 100 Avenue of Champions Richmond, VA 23230. Or email it to mara@sportsbackers.org

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