



REGISTRATION FORM | 8k Training Team

TRAINING BEGINS SEPTEMBER 20, 2025

First Name

Last Name

Street Address

City

State

Zip

Telephone Number

Date of Birth (mm/dd/yy)

Predicted Finish Time:
(4.97 miles) (Hours : Minutes)

GENDER (circle one)
M / F / NB

E-mail Address:

Unisex Long Sleeve Technical Race Shirt: **XS S M L XL XXL** or **OPT OUT**

Unisex Training Team T-Shirt Size: **XS S M L XL XXL XXXL** or **OPT OUT**

Payment Method:

Check (Payable to SPORTS BACKERS)

Credit Card (Visa, MasterCard, or American Express)

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ / _____ Zip Code: _____ Security Code: _____

Name as it appears on card: _____

Please note:
All credit card transactions will incur a 5% processing fee.

What level would you like to train with?

(Training level based on increased mileage not speed)

___ Complete/Novice ___ Compete/Intermediate

Area of town you will train (Training Locations & Times TBA)

Midlothian

East End

Fan / Carytown

Cell Phone:

(We encourage all participants to carry a cell phone on their person for all training sessions for safety)

West End / Short Pump

Traveling Team

Virtual (Train On Your Own)

TRAINING & RACE DAY EMERGENCY CONTACT

NAME

PHONE NUMBER

This training team has a **NO** refund policy, even in the case of a race cancellation, event format changes, postponement, and/or if you are unable to participate. You may not 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. **8kTT Minimum Age:** 8 years old. If you are under the age of 16, you must have a parent/guardian present for all training runs

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 will not enter and run unless I am qualified, in good health, medically able, and properly trained. I assume all risks associated with training and running this event including, but not limited to: falls, contact with other participants, the effects of weather, including high heat and/or humidity, traffic, the conditions of the road, potential exposure to communicable disease (including but not limited to coronavirus/COVID-19, other viruses, bacteria, and all other infectious pathogens and disease vectors), 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 training 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 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 accepting my entry, I for myself and anyone entitled to act on my behalf, discharge, waive, and release the Metropolitan Richmond Sports Backers, AGA Service Company, CarMax, Virginia Commonwealth University Health System Authority, 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 event.

Signature (Parent or guardian if under the age of 18) _____ Date _____

TRAINING TEAM FEES (Entry From & Payment must be received by October 7, 2025)

Includes a **FREE** entry into the 2025 VCU Health Richmond 8k.

November 22 - August 31 \$60 = \$

September 1 - October 6 \$65 = \$

Income Based (through 10/7) \$15 = \$

Donation to Sports Backers Youth Programs = \$

Make a \$20 donation to Sports Backers Youth Programs and take \$10 off your entry fee.

TOTAL = \$

You may defer your 2025 Sports Backers 8k Training Team entry through Sept 22 for \$10. No deferrals will be allowed after Sept 22. You may NOT defer your free entry into the 2025 VCU Health Richmond 8k.

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

Approved by:

Name

Date

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