



# REGISTRATION FORM | 8k Training Team

ENTRY FORM AND PAYMENT MUST BE RECEIVED BY **SEPTEMBER 29, 2019**

First Name [ ] Last Name [ ]

Street Address [ ]

City [ ] State [ ] Zip [ ]

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

Have you participated in the Sports Backers 8k Training Program before? (Please check one) [ ] Yes / No [ ] Predicted Finish Time: (8k or 4.97 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 8k bib if you register by September 25. (Note: Only the first 11 characters will appear on your bib.) If you do not want your name printed on

Unisex T-Shirt Size: **S M L XL XXL**

Payment Method:  Check (Payable to SPORTS BACKERS)  Credit Card (Visa, MasterCard, or American Express) Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_ 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? \_\_\_\_\_ Walker \_\_\_\_\_ Runner/Jogger

Location where you will train (Training begins September 15 at all locations)  Southside - Bellemeade Community Center  Goochland YMCA  Midlothian  Atlee / Hanover  East End  West End / Short Pump  Fan / Carytown  Traveling Team  Chesterfield Health Dept.

RACE DAY EMERGENCY CONTACT NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

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, Markel Corporation, Virginia Commonwealth University Health System Authority, AGA Service Company, kaléo, Inc., 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 \_\_\_\_\_

TRAINING TEAM FEES Includes entry into 2018 VCU Health 8k and Sports Backers 8k Training Team Through September 23 \$55 = \$ [ ] Income Based Rate \$10 = \$ [ ] Donation to Kids Run RVA = \$ [ ] TOTAL = \$ [ ]

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 \_\_\_\_\_

Entry fees are non-refundable and non-transferable. No exceptions. Make check payable to Sports Backers. Bring this form along with proof of need, if applicable, to the Sports Backers office located at 100 Avenue of Champions, Richmond, VA 23230. marathon@sportsbackers.org • www.richmondmarathon.org • (804) 285-9495