

REGISTRATION FORM | Marathon Training Team

ENTRY FORM AND PAYMENT MUST BE RECEIVED BY JUNE 30, 2023

First Name						
itreet Address						
	State Zip					
	Finish Time: M / F / MX 26.2 miles) M / F / MX					
Daytime Telephone Number Date of Birth (mm/dd/yy) (120.2 miles) (Hours : Minutes) GENDER (circle one)						
-mail						
Address:						
Circle Long Sleeve Technical Race Shirt Style Unisex Women's Circle Shirt Size (gender-specific): SMLXLXXL						
Payment Method: Credit Card Number:						
Payment Method:	Please note:					
Payment Method: Credit Card Number:	All credit card					
Cash or Check (Payable to SPORTS BACKERS) Expiration Date: Zip Code:	Security Code:Security Code:					
	Security Code:Security Code:					
Cell Phone: Cell	Security Code:Security Code:					
Credit Card(Visa, MasterCard, or American Express) Expiration Date:/ Zip Code: Name as it appears on card: Cell Phone: (We encourage all participants to carry a cell phone on their person for all training sessions for safety)	Security Code:Security Code:					
 Cash or Check (Payable to SPORTS BACKERS) Credit Card (Visa, MasterCard, or American Express) Expiration Date:/ Zip Code: Name as it appears on card: Cell Phone: (We encourage all participants to carry a cell phone on their person for all training sessions for safety) 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: 	All credit card transactions w incur a 5% processing fee					
 Cash or Check (Payable to SPORTS BACKERS) Credit Card (Visa, MasterCard, or American Express) Expiration Date:/ Zip Code:	Security Code:All credit card transactions w incur a 5% processing fee					
 Cash or Check (Payable to SPORTS BACKERS) Credit Card (Visa, MasterCard, or American Express) Expiration Date:/ Zip Code: Name as it appears on card: Cell Phone: (We encourage all participants to carry a cell phone on their person for all training sessions for safety) 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: 	All credit card transactions w incur a 5% processing fee					
 Cash or Check (Payable to SPORTS BACKERS) Credit Card (Visa, MasterCard, or American Express) Expiration Date:/ Zip Code:	Security Code:All credit card transactions w incur a 5% processing fee					
 Cash or Check (Payable to SPORTS BACKERS) Expiration Date:/ Zip Code:	Security Code:All credit card transactions w incur a 5% processing fee					
 Cash or Check (Payable to SPORTS BACKERS) Credit Card (Visa, MasterCard, or American Express) Expiration Date:/ Zip Code:	Security Code:All credit card transactions w incur a 5% processing fee					
 Cash or Check (Payable to SPORTS BACKERS) Expiration Date:/ Zip Code:	Security Code:All credit card transactions w incur a 5% processing fee					

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.

Every participant must sign this waiver!

Runner's Agreement, Waiver, Release, And Acknowledgment

I know that training for a road race and running a road race is a potentially hazardous activity. I will not enter and run unless I am gualified, 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 training and/or 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, Virginia Commonwealth University Health System Authority, AGA Service Company, 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

TRAINING TEAM FEES

Includes FREE entry into 2023 Allianz Partners Richmond Marathon and Sports Backers Marathon Training Team						
	November 19 - May 17	\$175	=\$			
	May 18 - June 30	\$185	=\$			
	Income Based (through 6/30)	\$40	=\$			
Donation to Sports Backers Youth Programs $=$ \$						
	Make a \$50 donation to Sports Backers Youth Programs and take \$20 off your entry fee.					

You may defer your 2023 Sports Backers Marathon Training Team entry through July 10 for \$20. You may not defer your free entry in the 2022 Allianz Partners Richmond Marathon.

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

Name

Tax Return

Date

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

Signature

Date