

**November 15, 2025**

First Name	Last Name				
Street Address					
City	State	ZIP Code	M / F / NB GENDER (circle one)		
Telephone Number	8k Marathon	Half Marathon	Predicted Time (Hours : Minutes)	Date of Birth (mm/dd/yy)	
Email Address					

Race Day Emergency Contact Name \_\_\_\_\_  
 Emergency Contact Phone Number \_\_\_\_\_

Unisex Long Sleeve Technical Race Shirt Size:  
 Unisex cut: XS S M L XL XXL OPT OUT

This event 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.** You may defer your entry to the 2025 event through October 30. No deferrals will be accepted after October 30. **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.

**Payment Method:**

**Cash or Check** (Payable to Sports Backers) Credit Card # \_\_\_\_\_  
 **Credit Card** (Visa, Mastercard, or American Express) Expiration Date \_\_\_\_/\_\_\_\_ Billing Zip Code \_\_\_\_\_  
 Name as it appears on card: \_\_\_\_\_

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

**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

Entry Fees	Marathon	Half Marathon	8k	
Through November 21, 2024	\$90	\$80	\$35	
November 21 – March 31	\$100	\$90	\$35	
April 1 – June 30	\$110	\$100	\$35	
July 1 – September 15	\$125	\$110	\$40	
Septmeber 16 – Novemeber 10	\$140	\$125	\$45	
Race Week November 11–14	\$155	\$140	\$55	
Race Day November 15	\$165	\$155	\$65 = \$	
<i>Income Based Rates</i>	\$40	\$35	\$15 = \$	

**Virtual Marathon**  
 through 9/15 = \$80  
 9/16 - 11/15 = \$90

**Virtual Half Marathon**  
 through 9/15 = \$70  
 9/16 - 11/15 = \$80

**Virtual 8k**  
 through 11/15 = \$35

**Donations**

Sports Backers Youth Programs \$ \_\_\_\_\_

Marathon or Half Marathon: \$50 donation = \$20 off your registration fee  
 8k (in person or virtual): \$20 donation = \$10 off your registration fee  
 Virtual Marathon or Half Marathon: \$25 donation = \$15 off your registration fee

**TOTAL AMOUNT ENCLOSED** \$ \_\_\_\_\_

**INCOME BASED 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

**Mail This Entry Form And Payment (before October 30) To:**  
 Sports Backers | 100 Avenue of Champions | Richmond, VA 23230