

road race conducted under the rules of USATF. It is not intended for and will not

permit individuals with baby joggers, strollers, dogs on leashes, skateboards or

Date

roller blades.

Signature

REGISTRATION FORM | Marathon Training Team

ENTRY FORM AND PAYMENT MUST BE RECEIVED BY JUNE 23, 2019

Street Address State Zip Predicted Finish Time: : [26.2 miles] (Hours: Minutes) Sex Sex Similar 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 marathon bib. (Note: Only the first 11 characters will appear on your bib.) If you do not want your name printed on your bib, leave this field blank. Payment Method: Credit Card Number:	DACKERS			
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Check (Payable to SPORTS BACKERS) Expiration Date:	Nickname:		This name will be printed on your personalized marathon bib. (Note: Only the first 11 characters will appear on your bib.) If you do not want your name printed on your bib, leave this field blank.	
□ Check (Payable to SPORTS BACKERS) □ Credit Card (Visa, MasterCard, or American Express) Name as it appears on card: □ Credit Card (Visa, MasterCard, or American Express) Name as it appears on card: □ Credit Card (Visa, MasterCard, or American Express) Name as it appears on card: □ Credit Card (Visa, MasterCard, or American Express) Name as it appears on card: □ Credit Card (Visa, MasterCard, or American Express) Name as it appears on card: □ Credit Card (Visa, MasterCard, or American Express) Name as it appears on card: □ Card (Visa, MasterCard, or American Express) RACE DAY EMERGENCY CONTACT RACE DA	Payment Method:		Cradit Card Number:	Please note:
□ Credit Card (Visa, MasterCard, or American Express) Name as it appears on card: RACE DAY EMERGENCY CONTACT	•	:RS)		All credit card transactions will
We subdivide the Training Team into smaller groups intended to be of people who have similar running abilities. These are the people you will get to know best. In order to assign you to the proper group, please answer all of the following questions: What day and time would you like to participate in the group runs? (Please check one) Saturday at 7:00 a.m. (6:30 a.m. in hot weather) What level of the runner are you? Please check either NOVICE or INTERMEDIATE. Novice (Run 2-4 days per week. Run less than 15 miles per week.) Intermediate (Run 3-5 days per week. Run 20-25 miles or more per week.) Select Gender Specific Shirt: Unisex or Women's (Circle Shirt Size) S M L XL XXL TRAINING TEAM FEES Lincumers 4 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 this event including, but not limited to: falls, contact with other participants the effects of weather, including, but not limited to: falls, contact with other participants the effects of weather, including, but not limited to: falls, and contact with other participants the effects of weather, including, but not limited to: falls, and properly trained. I assume all risks associated with this event including, but not limited to: falls, and 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 decision of a race official relate 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 ertified to active 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 any	•			
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from all claims or liabilities of any kind arising out of my participation in this event. Approved by:	Henrico, USA Track & Field, Road Runners Clu	ub of America, and any other		Tax Return
	from all claims or liabilities of any kind arising out o	of my participation in this event.	Approved by:	

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.