Richmond Marathon

RICHMOND Half Marathon

Allianz Partners 8K

November 7-22, 2020

First Name

Last Name

Street Address *(Note: Please use shipping address.)*

City

State

ZIP Code

Sex

Telephone Number

8k

Half Marathon

Marathon

Date of Birth (mm/dd/yy)

Email Address

**Race Day Emergency Contact Name** _____

**Emergency Contact Phone Number** _____

Circle Shirt Size:

| | | | | | |
|---|---|---|---|---|---|
| Ladies cut: | **S** | **M** | **L** | **XL** | **XXL** |
| Unisex cut: | **S** | **M** | **L** | **XL** | **XXL** |

**Payment Method:**

☐ **Payable** (to Sports Backers)

☐ **Credit Card** (Visa, Mastercard, or American Express)

Credit Card # _____ _____ _____ _____

Expiration Date _____/_____

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 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 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, Markel Corporation, Whole Foods Market, 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. I understand that the entry fee is non-refundable and non-transferable. This is a 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 roller blades.

_____ _____

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

## Entry Fees

| | Marathon | Half Marathon | 8k | |
|---|---|---|---|---|
| Through July 15 | $85 | $75 | $30 | = $ |

### Donations

Kids Run RVA $

*Make a $50 donation to Kids Run RVA and take $20 off your entry fee.*

**TOTAL AMOUNT ENCLOSED** $

**Make check payable to: Sports Backers**

**Mail This Entry Form And Payment To:**
(Do not mail entry forms after October 31)

Sports Backers
100 Avenue of Champions | Richmond, VA 23230

**P: 804.285.9495 | E: marathon@sportsbackers.org | www.richmondmarathon.org**