## Allianz (1) Partners Richmond Marathon

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City	<u> </u>												Γ			State		٦	ZIF Coue					
Telephone Number					8k Half Marathon Marathon					ı	Predicted Time (Hours : Minutes)			Date of Birth (mm/dd/yy)				ld/yy)						
Email Ad	ldress		<u> </u>						I	<b>I</b>									Long Sleeve	Tecl	hnical	Race	e Shirt S	Size:
Race [	Day Eme	rgenc	y Con	tact N	ame												_		Ladies cu	t: <b>S</b>	М	L	XL	XXL
Emera	encv Co	ntact	Phone	e Numl	ber														Unisex cu	t: <b>S</b>	М	L	XL	XXL

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 2023 event through October 31. No deferrals will be accepted after October 31. **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:	
<b>Cash or Check</b> (Payable to Sports Backers)	Credit Card #
Credit Card (Visa, Mastercard, or American Express)	Expiration Date/ Billing Zip Code
	Name as it appears on car <u>d:</u>

**Entry Fees** 

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

**CARMAX** 

Richmond

Half Marathor

## 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, Virginia Commonwealth University Health System Authority, AGA Service Company, Allianz Partners, CarMax, 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.

Through April 14, 2022	\$90	\$80	\$35								
April 15 – June 30	\$100	\$90	\$35								
July 1 – September 15	\$110	\$100	\$40								
Sept 16 – November 7	\$130	\$110	\$45								
Race Week November 8–11	\$140	\$125	\$55								
Race Day November 12	\$150	\$130	\$65 = \$								
Income Based Rates	\$40	\$35	\$15 = \$								
Donations											
Kids Run RVA \$											
Make a \$50 donation to Kids Run RVA and take \$20 off your entry 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											

Half Marathon Marathon

8k

Date

Richmond

Approved by:

Name

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

Mail This Entry Form And Payment (before October 31) To:

Sports Backers | 100 Avenue of Champions | Richmond, VA 23230