





	Last Name		
eet Address			
			M / F / MX
ty		State	ZIP Code GENDER (circle one)
<u>, </u>		•	
elephone Number	8k Half Marathon Marathon	Predicted Time (Hours : Minutes)	Date of Birth (mm/dd/yy)
nail Address			
			Long Sleeve Technical Race Shirt Size:
Race Day Emergency Contact Name			Ladies cut: S M L XL XXL
Emergency Contact Phone Number			Unisex cut: S M L XL XXL
			ment, and/or if you are unable to participat

Credit Card #

Expiration Date ____

Name as it appears on card:

Every participant must sign this waiver!

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

Cash or Check (Payable to Sports Backers)

Credit Card (Visa, Mastercard, or American Express)

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.

Signature	(Parent or	guardian it	f under the	age of 18	B) Date
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Entry Fees	Marathon	Half Marathon	8k
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			

Billing Zip Code

Kids Run RVA

Make a \$50 donation to Sports Backers Youth Programs and take \$20 off your entry fee.

TOTA

AL 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
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	Tax Return
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Ap	pro	ve	d	by

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

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