



REGISTRATION FORM

October 26, 2019

First name

Last name

Street Address

City

State

ZIP Code

Sex

Telephone Number

Date of Birth (mm/dd/yy)

School

Event (check only one)

½ Mile (4-7 years old)

1 Mile (4-12 years old)

2 Mile (5-14 years old)

Youth S

(size 6-7)

Youth M

(size 8)

Youth L

(size 10-12)

Adult S

Adult M

Adult L

Adult XL

Circle T-Shirt Size:

Email Address

Payment Method:

Check (Payable to Sports Backers)

Credit Card (Visa, MasterCard, or American Express)

Credit Card Number: _____ - _____ - _____ - _____

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, AGA Service Company, kaléo, Inc., 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.

Parental Consent

And I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such an activity. I, discharge, waive, and release the above mentioned entities along with their officers, directors, agents, volunteers and employees from all claims or liabilities of any kind arising out of the minor's participation in this event.

Parent/Guardian Signature

Date

Race Day Emergency Contact Name: _____

Race Day Emergency Contact Phone Number: _____

ENTRY FEES FOR MARATHON JR. - FOR YOUTH AGES 4-14

Through Sept. 30..... \$15 (all distances)

October 1 - October 25..... \$20 (all distances)

Walk up Registration (Saturday, Oct. 26)..... \$30 (all distances)

ENTRY FEE = \$

KIDS RUN RVA DONATION = \$

TOTAL AMOUNT ENCLOSED = \$

Make check payable to: SPORTS BACKERS

Mail this entry form and payment to:

SPORTS BACKERS
100 Avenue of Champions
Richmond, VA 23230

(804) 285-9495
www.sportsbackers.org
info@sportsbackers.org