

Signature

Date

REGISTRATION FORM | Marathon Training Team

ENTRY FORM AND PAYMENT MUST BE RECEIVED BY JUNE 30, 2020

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We subdivide the Training Team into smaller groups intended to be of people who have similar running																																	
	abilities. In order to assign you to the proper group, please answer all of the following questions: RACE DAY EMERGENCY CON															CNT	ACT																
□S	What day and time would you like to participate in the group runs? (Pleas Saturday at 6:30 a.m. Saturday at 7:00 a.m. (7:30 a.m. in September)																					NAME											
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	What level of the runner are you? Please check either NOVICE or INTERMEDIATE. 500 Miles/Novice (Run 2–4 days per week. Run less than 15 miles per week.)																																
								•	•				es or	more							i	PHOI	NE N	JMB	ER					Please note: All credit card transactions will incur a 5% processing fee.			
700 Miles/Intermediate (Run 3–5 days per week. Run 20-25 miles or more per week.) Circle Gender Specific Cotton T-Shirt Choice: Unisex or Women's Size: S M L XL XXL Circle Technical Shirt Choice: Unisex Singlet or Women's Singlet or Unisex T-Shirt Size: S M L XL XXL																																	
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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											Through June 7									\$165 = \$ \$180 = \$													
												Beginning June 8												= \$	느		ᆗ						
properly trained. I assume all risks associated with this event including, by not limited to: falls, contact with other participants, the effects of weather										her,	Income Based (through 6/29)									\$30	J			= \$	느		_						
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												Donation to Kids Run RVA												= \$	\vdash		_						
	believe event conditions are unsafe, I will immediately discontinue																					OT/	AL:	=\$	ᆫ								
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,																																	
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Syste	em Aı	uthorit	y, AG	A Ser	vice C	omp	any, l	kaléo,	Inc.,	City of	Richmo	nd,		pr	ovid	ing o	one o	f the	follo	wing	g:	d eligibility of income less than \$25,000/year by											
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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.