



First Name

Last Name

Street Address

City

State

Zip

Daytime Telephone Number

Date of Birth (mm/dd/yy)

Predicted Finish Time: (26.2 miles) (Hours : Minutes)

GENDER (circle one) M / F / NB

E-mail Address:

Unisex Long Sleeve Technical Race Shirt: XS S M L XL XXL or Opt Out

Payment Method: Credit Card Number: Expiration Date: Zip Code: Security Code: Name as it appears on card: Please note: All credit card transactions will incur a 5% processing fee.

Cell Phone: (We encourage all participants to carry a cell phone on their person for all training sessions for safety) We subdivide the Training Team into smaller groups intended to be of people who have similar speeds and training levels. In order to assign you to the proper group, please answer all of the following questions: What day and time would you like to participate in the group training? (Please check one) What level of training are you? Please check only one based on mileage, not speed. HMTT T-Shirt Size: XS S M L XL XXL XXXL or OPT OUT Technical Shirt Choice: Unisex Singlet or Women's Singlet or Unisex T-Shirt Size: XS S M L XL XXL or OPT

TRAINING & RACE DAY EMERGENCY CONTACT NAME PHONE NUMBER

This training team 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. 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. Course Time Limit: 7 Hours for the Allianz Partners Richmond Marathon. MTT Minimum Age: 16 years old. If you are under the age of 16, you must have a parent/guardian present for all training runs.

Every participant must sign this waiver! Runner's Agreement, Waiver, Release, And Acknowledgment I know that training for a road race and 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 training and/or 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, CarMax, AGA Service Company, Allianz Partners, 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

TRAINING TEAM FEES (ENTRY FROM & PAYMENT MUST BE RECEIVED BY JULY 5 2024)

Includes a FREE entry into the 2024 Allianz Partners Richmond Marathon
November 19 - May 16 \$180 = \$
May 17 - July \$190 = \$
Income Based (through 7/5) \$40 = \$
Donation to Sports Backers Youth Programs = \$
Make a \$50 donation to Sports Backers Youth Programs and take \$20 off your entry fee. TOTAL = \$

You may defer your 2024 Sports Backers Marathon Training Team entry through July 17 for \$20. No deferrals will be allowed after July 17. You may not defer your free entry in the 2024 Allianz Partners Richmond Marathon.

SPECIAL 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 Tax Return Approved by: Name Date

Make check payable to Sports Backers. Bring this form or mail along with any documentation of need, if applicable, to the Sports Backers office located at 100 Avenue of Champions Richmond, VA 23230. Or email it to mara@sportsbackers.org