CARMAX Richmond Half Marathon

Allianz Partners Richmond Marathon

VCU Health Richmond 8K

November 16, 2024

First Name | Last Name

Street Address

City | State | ZIP Code | GENDER (circle one) M / F / NB

Telephone Number – – | 8k | Half Marathon | Marathon | Predicted Time (Hours : Minutes) | Date of Birth (mm/dd/yy) / /

Email Address

Race Day Emergency Contact Name _____

Emergency Contact Phone Number _____

Unisex Long Sleeve Technical Race Shirt Size:

Unisex cut: **XS S M 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 2024 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:

☐ **Cash or Check** (Payable to Sports Backers)

☐ **Credit Card** (Visa, Mastercard, or American Express)

Credit Card #_____ _____ _____ _____

Expiration Date_____/_____ Billing Zip Code_____

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 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 if under the age of 18) _____ **Date** _____

Entry Fees

	Marathon	Half Marathon	8k	
Through April 14, 2024	$95	$85	$35	
April 15 – June 30	$105	$95	$35	
July 1 – September 15	$120	$105	$40	
Sept 16 – November 11	$135	$120	$45	
Race Week November 12–15	$150	$135	$55	
Race Day November 16	$165	$150	$65	= $
Income Based Rates	$40	$35	$15	= $

Virtual Marathon
through 9/15 = $75
9/16 - 11/16 = $85

Virtual Half Marathon
through 9/15 = $65
9/16 - 11/16 = $75

Virtual 8k
through 11/16 = $30

Donations

Sports Backers Youth Programs $

Marathon or Half Marathon: $50 donation = $20 off your registration fee
8k (in person or virtual): $20 donation = $10 off your registration fee
Virtual Marathon or Half Marathon: $25 donation = $15 off your registration 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 ☐ Tax Return

Approved by: _____
Name Date

Mail This Entry Form And Payment (before October 31) To:
Sports Backers | 100 Avenue of Champions | Richmond, VA 23230