

Signature (Parent/Guardian if under 18)

Date

## REGISTRATION FORM | Half Marathon Training Team TRAINING BEGINS AUGUST 9 & 10, 2025

BACKERS	
irst Name	Last Name
treet Address	
ity	State Zip
elephone Number Date of B	Predicted Finish Time:     M / F / NB
-mail ddress:	
Inisex Long Sleeve Technical Race Shirt XS S M L XL X	XXL or OPT OUT  Race Day technical Shirt Cut: Unisex Singlet Ladies Singlet
nisex Cotton/Polly Blend T-Shirt Size: XS S M L XL X	XXL XXXL or OPT OUT Race Day technical Shirt Size: XS S M L XX XXL or Opt On
Decreased Markland	Sit Card Number:
	dit Card Number: – Please note: All credit card ration Date:/ Zip Code: Security Code: transactions
	ne as it appears on card:
ansfer your entry to another person. NO EXCEPTIONS. Photo/Film Release: Y	PHONE NUMBER  ellation, event format changes, postponement, and/or if you are unable to participate. You may not your image, motion picture, recording, or any other record of this event may be used for future to 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!	TRAINING TEAM FEES (ENTRY FROM & PAYMENT MUST BE RECEIVED BY AUGUST 31, 2025)
Runner's Agreement, Waiver, Release, And Acknowledgment	Includes a FREE entry into the 2025 CarMax Richmond Half Marathon
I know that running or walking a road race is a potentially hazardous activity.  I will not enter and participate unless I am qualified, in good health, medically	November 22 - July 18
able, and properly trained. I assume all risks associated with this event including, but not limited to: falls, contact with other participants, the effects	Income Based (through 8/31) \$35 =\$
of weather, including high heat and/or humidity, traffic, the conditions of the road, potential exposure to communicable disease (including but not limited	Donation to Sports Backers Youth Programs = \$
to coronavirus/COVID-19, other viruses, bacteria, and all other infectious pathogens and disease vectors), all such risks being known and appreciated	Make a \$50 donation to Sports Backers Youth Programs and take \$20 off your entry fee.
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	You may defer your 2025 Sports Backers Half Marathon Training Team entry through Sept 8 for \$25. No deferrals will be allowed after Sept 8 You may NOT defer your free entry into the 2025 CarMax Richmond Half Marathon.
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, AGA Service Company, CarMax, Virginia Commonwealth University Health System Authority, City of Richmond, County of Henrico, USA Track & Field, Road Runners Club of America, and any other sponsors, along with their officers, directors, agents,	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
volunteers and employees from all claims or liabilities of any kind arising out of my participation in this event.	Approved by:  Name  Date
	Make check payable to Sports Backers. Bring this form or mail along with any documentation of r

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

Or email it to mara@sportsbackers.org

if applicable, to the Sports Backers office located at 100 Avenue of Champions Richmond, VA 23230.