

Signature (Parent/Guardian if under 18)

Date

REGISTRATION FORM | Marathon Training Team

TRAINING BEGINS JUNE 7 & 8, 2025

PACKERS	
First Name	Last Name
street Address	
lity	State Zip
	Predicted Finish Time: M / F / NB
Telephone Number Date of E	Sirth (mm/dd/yy) (26.2 miles) (Hours : Minutes) GENDER (circle one)
E-mail	
Address: Unisex Long Sleeve Technical Race Shirt: XS S M L XL	XXL or opt Out Race Day technical Shirt Cut: Unisex Singlet Ladies Singlet Unisex Tech T
	, , , , , , , , , , , , , , , , , , , ,
Unisex Cotton/poly Blend Tshirt: XS S M L XL XXL X	(XXL or optout Race Day technical Shirt Size: XS S M L XXL XXL or opto
Payment Method: Cre	dit Card Number:
☐ Cash or Check(Payable to SPORTS BACKERS) Exp	oiration Date: / Zip Code:Security Code: All credit card transactions will
☐ Credit Card(Visa, MasterCard, or American Express) Nar	me as it appears on card:incur a 5% processing fee.
C II DI	
Cell Phone: (We encourage all participants to carry a cell phone on their person for all training sessions	TRAINING & RACE DAY EMERGENCY CONTACT
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)
Saturday at 6:30 a.m. Saturday at 7:00 a.m.	Sunday at 6:30 a.m.
What level of training are you? Please check only one based on milea	ge, not speed.
500/Novice (Run 2-4 days & 15 or less miles per week) Intermediate (Run 3-5 days & about 20-25 miles per week)	DUONE NUMBER
Walking Team (Saturday at 6:30 a.m. Only)	PHONE NUMBER
Virtual (Train on your own)	
This training team has a NO refund policy, even in the case of a race cancellation, event form: EXCEPTIONS. Photo/Film Release: Your image, motion picture, recording, or any other record of	at changes, postponement, and/or if you are unable to participate. You may not transfer your entry to another person. NO this event may be used for future marketing materials or other legitimate uses. Course Time Limit: 7 Hours for the Allianz ist have a parent/guardian present for all training runs.
Richmond Marathon. MTT Minimum Age: 16 years old. If you are under the age of 16, you mu	Ist have a parent/guardian present for all training runs. TRAINING TEAM FEES (ENTRY FROM & PAYMENT MUST BE RECEIVED BY JULY 7 2025)
Every participant must sign this waiver!	Includes a FREE entry into the 2025 Allianz Partners Richmond Marathon
Runner's Agreement, Waiver, Release, And Acknowledgment	November 22 - May 30 \$190 =\$
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,	May 1 - July 7 \$200 =\$
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	Income Based (through 7/7) \$40 =\$
participants, the effects of weather, including high heat and/or humidity, traffic, the conditions of the road, potential exposure to communicable disease	Donation to Sports Backers Youth Programs =\$
(including but not limited to coronavirus/COVID-19, other viruses, bacteria, and all other infectious pathogens and disease vectors), all such risks being known	Make a \$50 donation to Sports Backers
and appreciated by me. I acknowledge that if I believe training and/or event conditions are unsafe, I will immediately discontinue participation in training	Youth Programs and take \$20 off your entry fee.
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	You may defer your 2025 Sports Backers Marathon Training Team entry through July 14 for \$25. No deferrals will be allowed after July 17. You may not defer your free entry in the 2025 Allianz Richmond Marathon.
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,	SPECIAL RATE VERIFICATION - OFFICE USE ONLY
discharge, waive, and release the Metropolitan Richmond Sports Backers, AGA Service Company, CarMax, Virginia Commonwealth University Health System	This individual has demonstrated eligibility of income less than \$25,000/year by providing one of the following:
Authority, City of Richmond, County of Henrico, USA Track & Field, Road Runners Club of America,, and any other sponsors, along with their officers,	□Verification/Eligibility letter from Social Services □ Tax Return
directors, agents, volunteers and employees from all claims or liabilities of any kind arising out of my participation in this event.	Approved by:
	Name Date
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, volunteers and employees from all claims or liabilities of any	of the following: Verification/Eligibility letter from Social Services Tax Return Approved by:

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