

Signature



## MARATHON TRAINING TEAM

**ENTRY FORM AND PAYMENT MUST BE RECEIVED BY JUNE 22, 2014** 

irst Name	Last Name
treet Address	
treet Address	
	State ZIP Code
,	
Daytime Telephone Number	e of Birth (mm/dd/yy)
lave you participated in the Sports Backers Marathon Training Program t (Please ch	eck one) (26.2 miles)
-mail	Yes / No (20.2 IIIIIes) (Hours : Minutes) Se
ddress: Singlet Sleeveless (v-neck)	0: 1 0: 10: 1 1: 10: 1 1: 11: 11: 11: 11
circle Technical Race Shirt Style: Singlet Sleeveless (v-neck)	Circle Shirt Size (gender-specific): S M L XL XXL
lickname:	This name will be printed on your personalized marathon bib. (Note: Only the first 11 characters will appear on your bib.) If you do not want your name printed on your bib, leave this field blank.
Payment Method:	Credit Card Number:
□ Check (Payable to SPORTS BACKERS)	Expiration Date:/
☐ Credit Card (Visa, MasterCard, or American Express)	Name as it appears on card:
Which day do you plan on participating in the group runs?  (Please check one) Sat. / Sun.  What level of the runner are you? Please check either NOVICE or INTERMEDIA Novice (Run 2–4 days per week. Run less than 15 miles per week. C. Intermediate (Run 3–5 days per week. Run 20–25 miles per week. C.	What time would you like to participate in the group runs?  (7:30 a.m. (7:00 a.m. in hot weather) 7:00 a.m. (6:30 a.m. in hot weather) TE.  ATE.  An run 3–5 miles at once.)  How fast do you run per mile?
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 should not enter and run unless I am qualified, in good health, medically able, and properly trained. I assume all risks associated with this event including, but not limited to: falls, contact with other participants, the effects of weather, including high heat and/or humidity treffic and the conditions of the road.	RACE DAY EMERGENCY CONTACT NAME  RACE DAY EMERGENCY CONTACT PHONE NUMBER
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 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 running this event. I agree to abide by any decision of a race official relative to my ability to safely complete the run. 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, Anthem Blue Cross Blue Shield American Family Fitness HCA Virginia. City	TRAINING TEAM FEES (includes entry into the 2014 Anthem Richmond Marathon
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 run. 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,	and the Sports Backers Marathon Training Team)  Through May 23 \$160 = \$  May 24–June 22 \$175 = \$  DONATION: Kids Run RVA = \$

Date

Make check payable to: **Sports Backers**Mail This Entry Form And Payment To: **Sports Backers 100 Avenue of Champions, Suite 300 • Richmond, VA 23230**(804) 285-9495 • Fax: (804) 285-3132
E-mail: marathon@sportsbackers.org • www.richmondmarathon.org