REGISTRATION FORM

HALF MARATHON TRAINING TEAM

ENTRY FORM AND PAYMENT MUST BE RECEIVED BY AUGUST 19, 2009

First Name

Last Name

Street Address

City

State

ZIP Code

Sex

Daytime Telephone Number

Date of Birth (mm/dd/yy)

Predicted Time (13.1 miles): : (Hours : Minutes)

Evening Telephone Number

Have you run a Half Marathon (or longer) before? (Please check one) Yes / No

E-mail Address:

Circle T-Shirt Size: **S M L XL XXL**

Are you an organ transplant recipient? (Please check one) Yes / No

Has your life been touched by transplantation and/or organ and tissue donation? (Please check one) Yes / No

Nickname:

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.

Yes, send me information on organ and/or tissue donation. (Please check one) Yes / No

As part of the training program, we subdivide the team into smaller groups. These groups are intended to be of people who have similar running ability. These are the people you will get to know best. In order to assign you to the proper group, please answer all of the following questions:

What level of runner are you? Please check either NOVICE or INTERMEDIATE.

____ Novice (Run 2–4 days per week. Run less than 15 miles per week. Can run 3–5 miles at once.)

____ Intermediate (Run 3–5 days per week. Run 20–25 miles per week. Can run 7–8 miles at once.)

How fast do you run per mile? _____

What is your most recent 10k time? _____

Payment Method:

❑ Check *(Payable to SPORTS BACKERS)*

❑ Credit Card *(Visa, MasterCard, or American Express)*

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: _____/_____

Name as it appears on card: _____

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 medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running and training for this event including, but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Metropolitan Richmond Sports Backers and its officers and agents, the Road Runners Club, the City of Richmond, County of Henrico, SunTrust Bank, McDonald's, HCA Virginia, UNOS, all other sponsors, their representatives and successors including the Road Runners Club of America, its officers, directors, agents, and employees from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose.

_____ _____

Signature **Date**

RACE DAY EMERGENCY CONTACT NAME

RACE DAY EMERGENCY CONTACT PHONE NUMBER

TRAINING TEAM FEES

(includes your entry into the 2009 McDonald's Half Marathon and the Sports Backers Half Marathon Training Team)

Through July 31	$120	= $
August 1 – 19	$135	= $

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) 673-RACE • Fax: (804) 285-3132

E-mail: marathon@sportsbackers.org • www.richmondmarathon.org