



HALF MARATHON TRAINING TEAM

ENTRY FORM AND PAYMENT MUST BE RECEIVED BY AUGUST 20, 2011

First Name [] Last Name []

Street Address []

City [] State [] ZIP Code [] Sex []

Daytime Telephone Number [] Date of Birth (mm/dd/yy) [] Predicted Finish Time: [] (13.1 miles) (Hours : Minutes)

Evening Telephone Number [] Have you participated in the Sports Backers Half Marathon Training Team before? [] (Please check one) Yes / No

E-mail Address: []

Circle Event Shirt Size (Unisex): XS S M L XL XXL Are you an organ transplant recipient? [] (Please check one) Yes / No

Circle Training Team Singlet Size (gender-specific): S M L XL XXL 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 half 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 abilities. 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?

RACE DAY EMERGENCY CONTACT NAME: [] TELEPHONE #: []

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 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, 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, SunTrust Bank, McDonald's, HCA Virginia, City of Richmond, County of Henrico, USA Track & Field, 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 [] Date []

TRAINING TEAM FEES
(includes your entry into the 2011 McDonald's Half Marathon and the Sports Backers Half Marathon Training Team)
Through July 30 \$125 = \$ []
August 1-20 \$140 = \$ []

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

REGISTRATION FORM