

BOSTON LIVING CENTER

RUNNING FOR LIFE Marathon Team 2012 Application

Mail or email completed applications to:

Boston Living Center
ATTN: Shauna Helton
29 Stanhope Street
Boston, MA 02116
shelton@livingcenter.org

Please print clearly

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Employer _____ Occupation _____

Work Address _____

City _____ State _____ Zip _____

Work Phone _____ Fax _____

Email Address _____

Date of Birth: _____ T-shirt Size (S-XXL) _____ Gender _____

Please provide the name of your Hometown and the name of your Hometown
Newsletter (if possible) for press releases _____

Does your company have a matching gifts program? _____ Yes _____ No

I would like to be contacted at: _____ Home _____ Work

Fundraising and Marathon Experience

How many total marathons have you run? _____

Have you participated in a marathon/road race charity program before?
_____ Yes _____ No

If yes, for which charity and how much money did you raise?

Charity Name _____ Amount raised: \$ _____

What will your fundraising goal be for the Boston Living Center?
(minimum required is \$4,000) \$ _____

The Boston Living Center will provide all runners with a website so their friends and family can donate online. In addition to this, please provide a **specific plan and suggested timeline** for how you will raise your fundraising minimum. Please include as much detail as possible, and feel free to use additional pages or documents.

Please describe any other fundraising experience you have (which charities, how much raised, etc.)

Please answer the following questions so that we can get to know you a little better.

How did you learn about the Boston Living Center's Marathon program?

Please describe why the Boston Living Center is your charity of choice. What connection, if any, do you have to HIV/AIDS? Will you be running in honor or memory of someone?

Do you have any experience with other Boston Living Center programs?

_____Yes _____No

If yes, how and which program? _____

Would you be interested in being matched with and running in honor of a Boston Living Center member living with HIV/AIDS?

Yes No

If we can add more runners to the team, we can raise more money to help people living with HIV/AIDS. Do you know any BAA-qualified runners or someone who has an invitational entry from another source who may be interested in joining the Running for Life Team? If so, please provide contact information, and we will contact them about the team.

Please identify and describe your involvement with other community organizations.

**The Boston Living Center Terms and Conditions for the
2012 Running for Life Marathon Team**

Please read the following carefully before signing below.

FUNDRAISING COMMITMENT: A minimum donation of \$4,000 is required to join the Running for Life Marathon Team and receive an invitational entry for the 2012 Boston Marathon®.

Qualified runners or runners who have attained an official entry from another source: A \$500 minimum donation is required to join the BLC Marathon Team as a qualified runner. This will entitle you to all benefits of team membership.

A valid credit card (MasterCard, Visa, Amex, or Discover) in your name and valid through July 2012 must be included with your application to apply for the BLC team. On May 14, 2012, the credit card will be billed for any balance due to reach the fundraising minimum of \$4,000/\$500. **Debit cards are not accepted.**

CANCELLATION POLICY: You may cancel your participation with the Running for Life Marathon Team, waiving your responsibility for the fundraising minimum (\$4,000 for charity invitational runners; \$500 for qualified runners), any time on or before February 1, 2012. You must contact the Boston Living Center Development Department, in writing, on or before February 1, 2012. After February 1, 2012, you are responsible for raising the fundraising minimum, even if for any reason, including injury, you are unable to run in the marathon.

Donations raised and received by our office will not be refunded, even if you cancel before February 1, 2012.

MATCHING GIFT POLICY: Many companies match employees' charitable contributions. You can check with your employer to see if your company has this program, and ask your donors if their employers match gifts. Many companies issue matching gift checks quarterly or semi-annually; therefore, it is your responsibility to contact the matching company to insure the check will be issued before May 14, 2012. If the companies match cycle is past May 14, the donation may not be credited toward your minimum.

B.A.A. REGISTRATION: The Boston Living Center will inform you of the details of the B.A.A. registration after your application is accepted. The B.A.A. charges a race application fee of \$250 that does not count towards your fundraising commitment. This fee will be collected separately at a later date. You should NOT contact the B.A.A. directly to secure your number.

RELEASE FORM AND CONTRIBUTION AGREEMENT: In consideration of my accepting this entry, I hereby for myself, my heirs, executors and administrators, waive and release any and all rights for claims and damages I may have against the Boston Living Center, its employees, volunteers, officers and sponsors for any and all injuries suffered or sustained by me in said event, in the training and planning sessions for said event, or travel to or from any of the preceding. I further attest and certify that I am physically fit and have sufficiently trained for competition in this event, and a licensed medical doctor has verified my physical condition. I also grant permission for use of my name and/or photograph or voice in broadcast, telecast, print or any other account of this event and agree to waive any compensation for such use. I agree to collect a minimum of \$4,000 (or \$500 if a qualified runner) for Boston Living Center by May 14, 2012. If I have not reached the minimum in sponsorships by that date, I will personally be responsible for the balance owed. I understand that unless I cancel by February 1, 2012 the Boston Living Center reserves the right to charge the balance I owe to my credit card after May 14, 2012. I declare that I have exercised my own judgment in signing this agreement and I further declare that the decision to sign this agreement was voluntary and not based on or influenced by any representation of Boston Living Center.

In the event of an illness, injury or medical emergency arising during the event or in the training and planning sessions for said event, I hereby authorize and give my consent to Boston Living Center to secure from any accredited hospital, clinic and/or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to me including but not limited to medical transport, medications, treatment, and hospitalization. The following person should be contacted in the event of an emergency:

Name: _____ Relationship: _____

Telephone Number: _____

Allergies to medications: _____

____ MasterCard ____ Visa ____ American Express ____ Discover

Name on Card: _____

Card Number: _____ Expiration Date: _____

Card Security Code (The last 3 digits in the signature area on the back of your Visa or Mastercard or Discover, or the 4-digit number on the front of your Amex): _____

Address (if different from address on page 1): _____

Signature of Card Holder: _____ Date: _____