



TEAM IN TRAINING® VOLUNTEER REGISTRATION FORM

Indiana Chapter
941 E. 86th St, Ste 100
Indianapolis, IN 46240
Phone: (317) 726-2270
Toll Free: (800) 846-7764
Fax: (317) 726-2280

First Name: _____ Last Name: _____ Gender: M F Birth Date: _____

Home Address/P.O. Box: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____ Cell Phone: _____

Fax: _____ Email: _____

Employer: _____ Position/Title: _____

Company Address: _____

Education (last completed): High School College Post Graduate

City/County/State in which *most* fundraising and training will take place: _____

T-Shirt Size: Women's: Small Medium Large XL 2X 3X
Men's: Small Medium Large XL 2X 3X

EVENT AND REGISTRATION INFORMATION

As a Team In Training volunteer supporting The Leukemia & Lymphoma Society and its mission, I agree to train for and participate in the following event and to raise the designated fundraising minimum by the event recommitment date.

<input type="checkbox"/> OneAmerica 500 Festival Mini-Marathon Indianapolis, IN (May 8, 2010)	<input type="checkbox"/> \$1,100 Minimum (Without Friday-night hotel room) <input type="checkbox"/> \$1,600 Minimum (With Friday-night hotel room)	<input type="checkbox"/> Run <input type="checkbox"/> Walk
<input type="checkbox"/> Traverse City State Bank Bayshore Marathon Traverse City, MI (May 29, 2010)	\$2,500 Minimum	*Run Only <input type="checkbox"/> Full <input type="checkbox"/> Half
<input type="checkbox"/> Rock 'n' Roll San Diego Marathon to benefit LLS™ San Diego, CA (June 6, 2010)	\$2,900 Minimum	<input type="checkbox"/> Run <input type="checkbox"/> Walk <input type="checkbox"/> Full <input type="checkbox"/> Half
<input type="checkbox"/> America's Most Beautiful Bike Ride Lake Tahoe, NV (June 6, 2010)	\$4,800 Minimum	
<input type="checkbox"/> Elkhart Lake Triathlon Elkhart Lake, WI (June 12, 2010)	\$3,800 Minimum	
<input type="checkbox"/> Whirlpool Ironman 70.3 Steelhead Triathlon Benton Harbor, MI (July 31, 2010)	\$4,200 Minimum	

I understand I will be fundraising and training in the name of an honored hero, who I will select, or who will be selected for me.

All first-time participants will be charged a \$50 registration fee which will be credited toward your fundraising minimum.

I have **enclosed a check** for the registration fee—Check # _____ Please **charge my credit card** for the registration fee:

_____/_____/_____/_____
Card Type / Card Number / Exp. Date / Security Code

_____/_____
Name As It Appears on Card / Signature

I am a TNT alumnus and **do not have to pay** the registration fee.

RECRUITMENT INFORMATION

How did you hear about the Team in Training® program? **Identify primary source only:**

- I am a past participant. Half marathon/marathon/century/triathlon & year(s) completed: _____
 - I was referred by a friend and/or past TNT participant. Name of friend: _____
 - Direct Mail Brochure / flyer (location) _____
 - Newspaper article Newspaper advertisement (Name): _____
 - Magazine article Magazine advertisement (Name): _____
 - Radio (station): _____ TV (station): _____ Other _____
- I do not want to receive advocacy email updates to learn how I can assist in the fight to cure blood cancers.

MISSION CONNECTION: *Checking this box is completely voluntary.

- I am a cancer survivor and am willing to share my story with others.*
- I am a cancer survivor but wish to keep my story private during my TNT experience.*

FOR CHAPTER TO COMPLETE: Team: _____ Mentor: _____ Honoree: _____

Volunteer Commitment Agreement

Team In Training (TNT) is a program of The Leukemia & Lymphoma Society (LLS), formerly the Leukemia Society of America. As a TNT volunteer, you will help generate awareness of LLS and its mission and objectives; attract volunteers to LLS's programs and activities; advocate for increased research into cures for blood cancers; and educate the public. LLS asks a lot of its TNT volunteers. First, we ask you to commit to train for and participate in a marathon, half-marathon, triathlon, or century ride. We ask you to honor a blood cancer patient or survivor on whose behalf you will be involved. Finally, as a member of TNT, it is our expectation that you will conduct yourself in a professional manner at all times. Failure to do so could result in your being asked to leave the program. As a TNT volunteer, you will receive no compensation from LLS. In fact, you will be asked to raise funds for blood cancer research and patient service programs and to help defray the costs of TNT. Each event that you may wish to participate in has a fundraising minimum. If you raise the minimum level of funds for that event, you will be eligible to have your expenses of participating in the event paid by LLS. In light of this, we take your commitment to raise the fundraising minimum seriously. We want all TNT volunteers to be successful in raising at least the minimum and have structured the program to provide the support to help you reach your fundraising goal.

Event Participation: During your training, you should become familiar with the event participation rules TNT is committed to having all volunteers participate in events in a fair manner. This means that at no time should you alter the event course itself or intentionally disobey any rules that the event has in place. Doing so could jeopardize our future participation in such events and disqualify you and/or your results for that event.

FUNDRAISING MINIMUMS: Below are the required fundraising minimums for each event. These minimums are set to ensure we keep our program costs low, maintaining our credibility to all of our donors and most importantly, maximizing the funds we are able to invest in our mission to cure leukemia, lymphoma, Hodgkin's disease and myeloma and improve the quality of life of patients and their families.

Event	Fundraising Minimum	Recommitment Date*	All Money Due Date	Charge Date
OneAmerica 500 Festival Mini-Marathon	\$1,100 (without Friday hotel) \$1,600 (with Friday hotel)	March 10	April 21	April 28
Traverse City State Bank Bayshore Marathon	\$2,500	March 17	May 12	May 19
Rock 'n' Roll San Diego Marathon to benefit LLS™	\$2,900	April 7	May 19	May 26
America's Most Beautiful Bike Ride	\$4,800	April 7	May 19	May 26
Elkhart Lake Triathlon	\$3,800	April 7	May 26	June 2
Whirlpool Ironman 70.3 Steelhead Triathlon	\$4,200	April 7	July 14	July 21

* **What if I don't make the minimum?** While we understand that this may be the most money you have ever attempted to raise, and you may feel unsure about whether you will be able to do it, we have found that if you follow the recommended guidelines and use the materials provided, you will be successful. On the **Recommitment Date** listed above, we will ask you to submit a recommitment form confirming your commitment to the team and to raising the fundraising minimum set for your event (as listed above). At this time, if you have not already turned in the minimum, we will ask you to secure your position on the team with a credit card, acknowledging that you will donate the difference between what you have raised and the minimum, if you have not raised the minimum by the **All Money Due Date** listed above. Our recommendation is that you have 50% of your fundraising minimum deposited by your recommitment date. In order to recommit to the program, you must have at least 25% deposited. If you do not, you will be asked to make a personal gift to raise your total to 25% prior to recommitting to the program. (Your gift can be reimbursed at the end of the season if you exceed your fundraising minimum.) Should you decide not to recommit, you will need to drop off of the team at recommitment.

Expense reimbursement policies - It is LLS's TNT policy NOT to: a) Incur meal, lodging or travel expenses that are "lavish or extravagant" or b) Pay the traveling expenses of spouses or other traveling companions.

I have read and understand the above. I hereby commit to being a TNT volunteer, and to meet the expectations set forth above. I acknowledge that I am participating in TNT solely to support the mission of LLS, without any expectation of monetary benefit from my participation in TNT. I also acknowledge that as a TNT volunteer, I will be engaging in fundraising activities on behalf of and as agent of LLS, and that any funds raised or held pursuant to such activities are the property of LLS. I also understand that my TNT coach or staff may suggest that I not continue in TNT for reasons including, but not limited to, my ability to reasonably succeed in my selected event.

Signature: _____

Name: _____ Date _____

This must be signed by a parent or legal guardian if the participant is under age 18 on the date this release and consent is signed.

I have read and understand the above. I hereby give my consent for my minor child to commit to being a TNT volunteer, and to meet the expectations set forth above. I acknowledge that my minor child is participating in TNT solely to support the mission of LLS, without any expectation of monetary benefit from the participation in TNT. I also acknowledge that as a TNT volunteer, my minor child will be engaging in fundraising activities on behalf of and as agent of LLS, and that any funds raised or held pursuant to such activities are the property of LLS. I also understand that my minor child's TNT coach or staff may suggest that he/she does not continue in TNT for reasons including, but not limited to, the ability to reasonably succeed in the selected event.

Parent/Guardian Signature: _____

Name: _____ Date _____



**The Leukemia &
Lymphoma Society®**
Fighting Blood Cancers

Participant Liability/Release/Consent and Information Release

I, _____, (Participant) intending to be legally bound, understand and agree that I am voluntarily participating in The Leukemia & Lymphoma Society, Inc. (LLS) Team in Training program (TNT) and all of its activities including, but not limited to, training for and participating in the following event: _____ (Event) at my own request and at my own risk. I acknowledge that I am aware of the risks inherent in training for and participating in the Event and certify that I am physically fit, have not been otherwise informed by any physician and know of no restrictions imposed on me by any physician that would in any way prevent me from actively participating in the Event.

In consideration of LLS's sponsorship of this Event and my being permitted to participate in the Event, I, on behalf of myself, my successors in interest, heirs, assigns, and representatives, hereby fully release and hold harmless LLS and its chapters, their Officers, Trustees, agents, employees, volunteers, any medical providers working for or on behalf of TNT, and representatives, successors, and assigns (be they individuals or organizations), together with their insurers and sponsors, of and from any and all liability, claims, damages, actions and causes of action whatsoever on account of any loss, damage or injury to person (including death) or any other loss or inconvenience whatsoever, suffered by me at any time hereafter arising out of my voluntary participation in the Event, whether resulting from LLS's negligence or otherwise.

I also give permission to LLS to freely use of my name, picture and voice in any broadcast, telecast, print account, or any other account in any medium of the Event (Personal Release). I understand that this Personal Release is perpetual in time and that it encompasses, without limitation, any copyright or right of publicity or privacy that I may have in my name, picture and voice.

Consent and Information Release (Consent): I hereby grant permission to LLS to render preventative or first-aid assistance or seek treatment or medical care that it seems reasonably necessary, including hospitalization, for my health and well being. I also give permission to LLS to use and disclose my personal health information (PHI) in the ways described in this form. I allow LLS to give out my PHI to doctors, hospitals, ambulance companies, coaches, family members, and others involved in my care and treatment. My PHI may also be used and given out as necessary to run the Event or as necessary for the proper management and administration of LLS.

This Release and Consent will be governed by and subject to the laws (except the choice of law principles) and exclusive jurisdiction of the courts of the State of New York.

Signature: _____ Date: _____

This must be signed by a parent or legal guardian if the participant is under age 18 on the date this release and consent is signed.

I, the undersigned, hereby certify that I am the parent or legal guardian of the Participant, and as such and on behalf of the Participant and I hereby, in accordance with the terms of such Release, release and hold harmless LLS (as defined above) from all Liabilities (as defined above).

Parent/Guardian Signature: _____ Date: _____

Authorization for Release of Information to The Leukemia & Lymphoma Society, Inc.

By signing below, I allow physicians, hospitals, ambulance companies, or any other health care provider ("Providers") to give out any and all medical information concerning the Participant. The Providers can give the information to coaches, staff, and volunteers working for or with The Leukemia & Lymphoma Society, Inc. (LLS). This information includes oral or written medical information that is related to or affects participation in activities, programs or events affiliated with or sponsored by LLS ("LLS Programs"). This information will be used in connection with LLS Programs.

This information may include, but is not limited to, all information within a Provider's knowledge. It includes information found in any records under his or her control or supervision concerning the Participant's physical condition, illness, and/or injuries.

This information may be used or given out by LLS as necessary to run the programs. This includes, but is not limited to, uses and disclosures to the Participant's friends or family, coaches, LLS's insurers, or other persons or entities involved in the LLS Programs.

This form expires one year after the last date the Participant is involved in any LLS Program.

I understand that I do not have to sign this form. My choice about whether to sign this form will not change the way health care providers treat the Participant. I know that I can see or copy any paper records that have been given out. I also understand that if information is given to LLS as allowed in this form, it may be no longer protected by federal privacy laws and may be subject to further disclosure.

This form can be revoked at any time in writing. Written revocations should be signed and given to:

Rebecca Scheer

Team In Training Director

The Leukemia & Lymphoma Society, Indiana Chapter

941 E. 86th Street, Suite 100

Indianapolis, IN 46240

A revocation letter will not affect any actions taken before LLS received the letter.

Signature: _____ Date: _____

Name: _____

Explanation of authority to sign if someone else signs this form: _____

This must be signed by a parent or legal guardian if the participant is under age 18 on the date this release and consent is signed.

I, the undersigned, hereby certify that I am the parent or legal guardian of the Participant, and as such and on behalf of the Participant and I hereby, in accordance with the terms of such Release, release and hold harmless the Society (as defined above) from all Liabilities (as defined above).

Parent/Guardian Signature: _____ Date: _____

Yes No

- I am interested in the TNT staff **sharing information about the program with my friends and family**, please contact me as soon as possible to schedule a get together.
- I am interested in the TNT staff **sharing information about the program with my colleagues**, please contact me as soon as possible to schedule a meeting.



Participant Medical, Fitness and Emergency Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____ Fax: _____

MEDICAL INFORMATION

Medical Insurance Company: _____ Insurance ID#: _____

Current Medications: _____

Condition Requiring Medications: _____

Allergies (food, medications, etc.): _____

Have you experienced any of the following symptoms in the last year:

<input type="checkbox"/> A Chronic Illness	<input type="checkbox"/> Back Problems	<input type="checkbox"/> Fainting Spells	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Bone/Joint Condition
<input type="checkbox"/> Heart Murmur	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Trouble Breathing	<input type="checkbox"/> Chest Pain	<input type="checkbox"/> Unusual Fatigue
<input type="checkbox"/> Asthma	<input type="checkbox"/> Liver Condition	<input type="checkbox"/> Unusual Pain	<input type="checkbox"/> Heart Condition (if so, what type _____)	

Do you have any conditions that might affect your health/safety while training for an endurance event (e.g, pregnancy, cold or flu)?

Is there anything else, not listed above, that you would like us to know? _____

If your health changes so that you would check any symptoms above that are not currently checked, please contact your staff and coach. If any symptom above is checked, Team In Training may require a note from a physician giving medical permission to participate in the TNT.

FITNESS INFORMATION

Age Range: () 16-17 () 18-25 () 26-35 () 36-45 () 46-50 () 51-60 () Over 60 Date of Birth: _____

I currently engage in athletic/sports/fitness activities: () Daily () 5-6 Days/week () 3-4 Days/week () 1-2 Days/week () Almost Never

List any previous or current athletic injuries: _____

I have completed (give number completed): ___ Marathon(s) ___ 1/2 Marathon(s) ___ 10K(s) ___ 5K(s) ___ Century Ride(s) ___ Triathlon(s)

Please describe other races/tours/competitions completed: _____

EMERGENCY INFORMATION: For Training Sessions

In case of emergency, please notify: _____ Relationship: ___ spouse ___ relative ___ friend

Emergency contact phone: home: _____ work: _____ cell: _____

EMERGENCY INFORMATION: For Event Weekend

In case of emergency, please notify: _____ Relationship: ___ spouse ___ relative ___ friend

Emergency contact phone: home: _____ work: _____ cell: _____

I am also aware that I must sign the Society's Liability Release form.

Signature: _____ Date: _____

This must be signed by a parent or legal guardian if the participant is under age 18 on the date this release and consent is signed.

Parent/Guardian Signature: _____ Date: _____

Policy Statement: "Team In Training is an endurance sports training program of The Leukemia & Lymphoma Society whose purpose is to inspire volunteer participants to raise funds for leukemia, lymphoma and myeloma research and patient services. Volunteers are expected to maintain the group pace of the training program and to follow the recommendations of the trainers. The Society understands that some volunteers will have special needs during training. Although the Society will use reasonable efforts to accommodate those volunteers, it may not be able to accommodate volunteers who are unable to participate without causing the program significant hardship. Such determinations will be made on an individual basis and, among other factors, will examine the risk to the participant as well as to other volunteers and staff, liability risks and costs of the accommodation."

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