



TEAM IN TRAINING REGISTRATION FORMS

Minnesota Chapter, 8441 Wayzata Blvd., Suite 340, Golden Valley, MN 55426
phone: 763-852-3042 • toll-free: 888-220-4440 • fax: 763-852-3001

First Name: _____ Last Name: _____ Birth Date: ____/____/____

Home Address/P.O. Box: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

Cell Phone: _____ Email: _____

Employer: _____ Position/Title: _____

Sex: Male Female T-Shirt Size: Small Medium Large X-Large XX-Large

I would like to receive advocacy email updates to learn other ways I can help to cure blood cancers: Yes No

I am interested in forming a Friends/Family/Corporate Team: Yes No

My personal honoree (if applicable): _____ In Honor / In Memory (please circle one)

Best time/method to reach me during the week (M-F): _____

1:1 Fundraising Consultation: I would like to discuss my fundraising strategy with the TNT staff/mentor: Please circle all that apply: **M-F / Saturday 8:30 a.m. – 4:30 p.m. / 4:30 p.m. – 7:30 p.m.** **More Details:** _____

EVENT & REGISTRATION INFORMATION

As a TNT volunteer supporting The Leukemia & Lymphoma Society and its mission, I hereby agree to train for and participate in the following event, and to raise at least the participation minimum by the final deadline. I am 18 years of age or older (16 & 17 year olds must be accompanied by an adult).

Event	Location	Date	Fundraising Minimum
Honolulu Marathon® <input type="checkbox"/> Run <input type="checkbox"/> Walk (please check one)	Honolulu, HI	December 12, 2010	<input type="checkbox"/> \$4,900 <input type="checkbox"/> \$4,200 Air Flex (No Flight or Airport Ground Transportation)
P.F. Chang's® Rock 'n' Roll Arizona™ Marathon & Half Marathon <input type="checkbox"/> Run <input type="checkbox"/> Walk (please check one) <input type="checkbox"/> Full <input type="checkbox"/> Half (please check one)	Phoenix, AZ	January 16, 2011	<input type="checkbox"/> \$3,500 <input type="checkbox"/> \$3,200 Air Flex (No Flight or Airport Ground Transportation)

I am a TNT Alumni! Please apply my TNT Loyalty Discount of \$250 to my selected Fundraising Minimum!

I understand that I will be training and participating in the name of an honored patient, who I will select or will be selected for me, and agree to participate in designated LLS volunteer activities at the event site.

* Stimulus Package: \$60 if registered by August 10, 2010.

- I am a TNT alumnus. The \$75 fee is waived.
- I have enclosed a check for my \$75 non-deductible/non-refundable registration fee.
- Please charge my credit card for the \$75 registration fee.

Card #: _____ Exp. Date: _____ Card Type: VISA MC AMEX

Name as it appears on the card

Signature

V-code (last 3 digits on signature strip on the back OR 4 digits on front of AmX)

RECRUITMENT INFORMATION

How did you hear of the Team In Training program - **identify primary source only:**

- I am a past TNT participant (Event and Year completed) _____
- Referred by a friend and/or past participant
- Direct Mail Brochure/flyer (location) _____
- Magazine article Magazine Advertisement (Name of Magazine) _____
- Newspaper article Newspaper Advertisement (Name of Newspaper) _____
- Radio (station) _____ TV (station) _____
- Billboard Race Packet Other _____
- P.F. Chang's
- Finish Line
- Runner's World
- Nike
- PowerBar
- American Airlines

For office use only:

Mailed CD, etc.
 Welcome email

Payment processed
 Welcome call

Entered in SC
 Exact Target

Sign-up Date: _____
 Advocacy

PARTICIPANT MEDICAL, FITNESS & EMERGENCY INFORMATION

Name _____ Event _____

MEDICAL INFORMATION

Medical Insurance Company _____ Insurance ID# _____

Current Medications _____

Condition Requiring Medications _____

Allergies (food, medications, etc.) _____

Have you been under a doctor's care for any of the following symptoms in the last year:

If any of the below boxes are checked, your TNT Staff will require a note from a physician giving medical permission prior to training.

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

Do you have any conditions that might affect your health and safety while training for your endurance event?

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

FITNESS INFORMATION

Age _____ Current Athletic/Fitness Activities _____

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 (enter #): _____ 5K/10Ks _____ Half Marathons _____ Marathons _____ Century Rides _____ Tris

Describe other events completed _____

EMERGENCY INFORMATION: For Training Sessions

In case of emergency, please notify: _____ Relationship: _____

Emergency contact phone: home: _____ work: _____

EMERGENCY INFORMATION: For Event Weekend

In case of emergency, please notify: _____ Relationship: _____

Emergency contact phone: home: _____ work: _____

X Signature _____ Date _____

If under 18, signature of parent/guardian _____

Policy Statement: "Team In Training is an endurance sports training programs of The Leukemia & Lymphoma Society (LLS) 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. LLS understands that some volunteers will have special needs during training. Although LLS 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."

VOLUNTEER COMMITMENT AGREEMENT

Team in Training (“TNT”) is a program of The Leukemia & Lymphoma Society (LLS). As a TNT volunteer, you will help LLS generate awareness of The Leukemia & Lymphoma Society and its mission and objectives; attract volunteers for LLS’s programs and activities; advocate for increased research into cures; and educate the public.

The Leukemia & Lymphoma Society asks a lot of its TNT volunteers. We ask you to commit to train for and participate in an endurance event on behalf of a blood cancer patient. We also ask you to participate in program-related and organizational activities held at the site of your event. Finally, as a member of the Team, it is our expectation that you will conduct yourself in a professional manner. 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 the TNT program. Each event that you may wish to volunteer for has a participation minimum connected with it. Once you raise at least the participation minimum for your event, you will be eligible to have your expenses of participating in your event paid by LLS.

In light of this, we take your commitment to raise the participation minimum seriously. We want all TNT volunteers to be successful and have structured the program to provide the support to help you reach and exceed your participation minimum.

PARTICIPATION 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 our donors and, most importantly, maximizing the funds we are able to invest in our mission: Cure leukemia, lymphoma, Hodgkin’s disease and myeloma and improve the quality of life of patients and their families.

EVENT	RECOMMITMENT DEADLINE & MINIMUM DUE	FINAL DEADLINE & MINIMUM DUE
Honolulu Marathon@	\$2,450 by Oct. 11	\$4,900 by Dec. 2
P.F. Chang’s@ Rock ‘n’ Roll Arizona™ Marathon & Half Marathon	\$1,750 by Nov. 10	\$3,500 by Jan. 5

What if I don’t raise 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 your event’s Recommitment Date, we require you to have half of your participation minimum raised. We also will ask you to submit a “Recommitment Form”, confirming your commitment to the team and to raise the participation minimum set for your event (as listed above). At this time 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 final deadline. Should you decide not to recommit, you will need to withdraw from the team at this time.

Expense reimbursement policies - It is LLS’s TNT policy NOT to: a) Transfer funds raised to another participant or a future event, b) Incur meal, lodging or travel expenses that are “lavish or extravagant,” or c) 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 The Leukemia & Lymphoma Society, 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 The Leukemia & Lymphoma Society, and that any funds raised or held pursuant to such activities can not be transferred and are the property of The Leukemia & Lymphoma Society. 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.

X Signature: _____ **Date:** _____

PARTICIPANT LIABILITY RELEASE/ CONSENT AND INFORMATION RELEASE

I, _____, (the "Participant") intending to be legally bound, understand and agree that I am voluntarily participating in The Leukemia & Lymphoma Society ("LLS") Team In Training Program (the "Program") and all of its activities including, but not limited to, training for and participating in the following event: _____ (collectively, the "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 and medical providers working for or on behalf of the Program, and representatives, successors and assigns (be they individuals or organizations), together with their insurers and sponsors (collectively, the "LLS"), 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 this Event, whether resulting from LLS's negligence or otherwise (collectively, "Liabilities").

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 this Event (the "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 use my PHI as necessary for purposes related to my treatment. I also 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. LLS affirm that PHI will not be used for purposes unrelated to the participant's health care. LLS will employ all reasonable measures to safeguard and maintain the confidentiality of PHI in its possession.

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

X Date: _____
Signature of Participant

*Must be signed also by 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 myself and the Participant, I agree to the terms of this Release, including the Consent, 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).

Date: _____
Signature of Parent/Guardian

VOLUNTARY AUTHORIZATION FOR RELEASE OF INFORMATION TO THE LEUKEMIA & LYMPHOMA SOCIETY

Participant Name: _____

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 ("LLS"). This information includes oral or written medical information that relates to or affects participation in activities, programs or events affiliated with or sponsored by LLS ("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, use and disclosure 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 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 on this form, it may no longer be protected by federal privacy laws and may be subject to further disclosure.

This form can be revoked any time in writing. Written revocations should be signed and given to: Courtney Spiegler, Campaign Director, 8441 Wayzata Blvd., Suite 340, Golden Valley, MN 55426.

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

Signature

Date

*Must also be signed by parent or legal guardian if the Participant is under age 18 on the date this form is signed.

Signature

Date

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

I choose not to sign this form. _____
(initials)