



TEAM IN TRAINING VOLUNTEER REGISTRATION FORM

Northern Florida Chapter, 7077 Bonneval Road, Suite 610, Jacksonville, FL 32216
 Tel: (904) 332-6414 Fax: (904) 332-6422

First Name: _____ Last Name: _____

Home Address/P.O. Box: _____

City: _____ State: _____ Zip: _____

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

Fax Phone: _____ Email: _____

Employer: _____ Position/Title: _____

Company Address: _____

Sex: Male Female Birth Date: _____ / _____ / _____

Education (last completed): High School College Post Graduate

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

EVENT AND 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 the designated participation minimum by the participation minimum deadline.

EVENT		SPORT	TRAINING
<input type="checkbox"/> Women's Half Marathon to Benefit The Leukemia & Lymphoma Society Participation Minimum: \$2,200	<input type="checkbox"/> Walt Disney World Marathon & Half Marathon Participation Minimum: \$2,400	<input type="checkbox"/> Walk <input type="checkbox"/> Run (Run/Walk)	<input type="checkbox"/> Gainesville <input type="checkbox"/> Jacksonville <input type="checkbox"/> Tallahassee

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 Society volunteer activities at the event site.

- I have enclosed a check for my \$50 or \$75 (after 8/21/2009) non-deductible / non-refundable registration fee.
- I am a TNT alumni and therefore exempt from the registration fee.
- Please charge my credit card for the \$50 or \$75 (after 8/21/2009) non-deductible / non-refundable registration fee:

Card #: _____ Exp. Date: _____ V-Code: _____

 Name as it appears on the card

 Signature

RECRUITMENT INFORMATION

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

- I am a past participant; (Event & Year completed) _____
- Referred by a friend and/or past participant (name) _____
- Direct Mail Brochure / flyer (location) _____ Schwinn
- Radio (station) _____ TV (station) _____ Nissan
- Magazine article Magazine Advertisement (Name of Magazine) _____ Runner's World
- Newspaper article Newspaper Advertisement (Name of Newspaper) _____ Nike
- Billboard Racing Packet Other _____ P.F. Chang's

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:

___ A Chronic Illness ___ Back Problems ___ Fainting Spells ___ High Blood Pressure ___ Bone/Joint Condition

___ Heart Murmur ___ Diabetes ___ Trouble Breathing ___ Chest Pain ___ Unusual Fatigue

___ Heart Condition (if so, please write in what type _____) ___ Asthma ___ Liver Condition

Do you have any conditions that might affect your health and safety while training for your endurance event (e.g. pregnant, temporary illness such as cold or flu,...)?

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

If your health changes so that you would check any boxes above that are not currently checked, please contact your staff and coach.

If above symptom box or boxes checked marked, Team In Training may require a note from a physician giving medical permission to participate in any Team In Training program.

FITNESS INFORMATION

Age Range: () 18-25 () 26-35 () 36-45 () 46-50 () 51-60 () Over 60

I currently engage in athletic/sports/fitness activities:

Daily 5-6 Days/week 3-4 Days/week 1-2Days/week Almost Never

List any previous or current athletic injuries _____

I have completed (state number completed):

___ Marathon(s) ___ Half-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 friend relative

Emergency contact phone: home: _____ work: _____

EMERGENCY INFORMATION: For Event Weekend

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

Emergency contact phone: home: _____ work: _____

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

Signature _____ Date _____

LIABILITY RELEASE

I, _____, (the "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 (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, Inc. and its chapters, their Officers, Trustees, agents, employees and representatives, successors and assigns (be they individuals or organizations), together with their insurers and sponsors (collectively, the "Society"), 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 the Society's negligence or otherwise (collectively, "Liabilities").

I also give permission to the Society 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 the Society 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 the Society to use and disclose my personal health information ("PHI") in the ways described in this form. I allow the Society to use my PHI as necessary for purposes related to my treatment. I also allow the Society 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 the Society. The LLS affirm that PHI will not be used for purposes unrelated to the participant's healthcare. LLS will employ all reasonable measures to safeguard and maintain the confidentiality of PHI in its possession.

This Release and Personal Release 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.

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 Personal Release is signed.

The undersigned certifies that he/she is the parent or legal guardian of the participant, and as such and on behalf of myself and the participant, agrees to the terms of the Release, releases all parties and entities set forth above from all Liabilities, and indemnifies and holds harmless the Society from all Liabilities.

Signature of Parent or Guardian: _____ Date: _____

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

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, Inc. ("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 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 no longer be 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:

The Leukemia & Lymphoma Society
Northern Florida Chapter
ATTN: Tina Perkins
7077 Bonneval Rd, Suite 610
Jacksonville, FL 32216

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

Signature

Date

*Must be signed also 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:

VOLUNTEER COMMITMENT AGREEMENT

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

The Leukemia & Lymphoma Society asks a lot of its TNT volunteers. First, we ask you to commit to train for and participate in a marathon/half marathon/century ride/triathlon or similar event. We ask you to honor a blood cancer patient on whose behalf you will be competing. We also ask you to participate in program-related and organizational activities held at the site of your event. This may include, for example, participation in media events, visits to local blood cancer patients, meetings with local officials, visits to medical and research facilities conducting blood cancer research, and TNT workshops. Finally, as a member of the Team, 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 the Society. In fact, you will be asked to raise funds for leukemia and other blood cancer research and patient services programs and to help defray the costs of the TNT program. Each event that you may wish to volunteer for has a fundraising minimum connected with it. If you raise the minimum level of funds for that event, you will be eligible to have your expenses of participating in the marathon/half marathon/century ride/triathlon or similar event paid by the Society.

In light of this, we take your commitment to raise the participation minimum seriously. We want all Team In Training 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. Team In Training 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.

PARTICIPATION MINIMUMS - Below are the required participation 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.

Women’s Half Marathon to Benefit The Leukemia & Lymphoma Society: \$2,200
Walt Disney World Marathon & Half Marathon: \$2,400

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, we 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 (if you have not already turned in the minimum) we will ask you to secure your position on the team with by providing 25% of the minimum and a credit card, acknowledging that you will donate the difference between what you have raised and the minimum, if you have not raised the minimums required by the recommitment and final deadline. Should you decide not to recommit, you will need to drop off of the team at this time.

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 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.

Signature: _____

Name: _____ Date _____

(Please Print)

Program for which you are registered:

- Women’s Half Marathon to Benefit The Leukemia & Lymphoma Society: \$2,200**

- Walt Disney World Marathon & Half Marathon: \$2,400**