



TEAM IN TRAINING PARTICIPANT REGISTRATION FORM

Dallas Office, 8111 LBJ Freeway, Suite 425, Dallas, TX, 75251 Phone: (972) 996-5942 Fax: (972) 996-5990
Fort Worth Office, 1200 Summit Ave, Suite 440, Fort Worth, TX 76102 Phone: (817) 288-2630 Fax: (817) 810-0793

Corporation _____

First Name: _____ Last Name: _____

Home Address/P.O. Box: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening 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 fundraising minimum by the event recommitment date.

Cowtown 10K

February 25, 2012

Fort Worth, Texas

<input type="checkbox"/> Run <input type="checkbox"/> Walk <i>Fundraising Minimum \$500</i>	Team Name _____
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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 \$ **25** non-deductible / non-refundable registration fee

Please charge my credit card for the \$ **25** registration fee:

Card #: _____ Exp. Date: _____

Name as it appears on the card Signature

RECRUITMENT INFORMATION

How did you hear of the Team In Training program – **please check all that apply:**

Through my company or group

I am a past participant (please list event, year, & chapter): _____

Referred by a friend and/or past participant

Direct Mail Brochure / flyer (location) _____

Radio (station) _____ TV (station) _____

Magazine article Magazine Advertisement (Name of Magazine) _____

Newspaper article Newspaper Advertisement (Name of Newspaper) _____

Billboard Racing Packet Other _____

Finish Line

P.F. Chang's

Runner's World

Nike

American Airlines

PowerBar

I would like to receive advocacy email updates to learn how else I can assist in the fight to cure blood cancers.

FOR CHAPTER TO COMPLETE: Team: _____

Mentor: _____ Honoree: _____

MEDICAL INFORMATION

Current Medications _____

Allergies (i.e. food, medications, etc). _____

Have you had surgery in the last 12 months (please list) _____

Please list any medical conditions that we should be aware of (i.e. back, knees, diabetes, high blood pressure, asthma)

FITNESS INFORMATION - 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 (state number completed):

_____ Marathon(s) _____ Half-Marathon(s) _____ 10K(s) _____ Century Ride(s) _____ Triathlon(s)

EMERGENCY INFORMATION In case of emergency, please contact:

Primary Contact Name: _____ Phone Number: _____ Relationship: _____

Secondary Contact Name: _____ Phone Number: _____ Relationship: _____

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 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 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:

The Leukemia & Lymphoma Society - North Texas Chapter-TNT
8111 LBJ Freeway, Suite 425, Dallas, Texas 75251

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: _____

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, 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 and its chapters, their Officers, Trustees, agents, employees, volunteers, any 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 "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 free 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 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 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 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 the Society (as defined above) from all Liabilities (as defined above).

Date: _____

Signature of Parent/Guardian

Team In Training Recommitment & Final Fundraising Deadlines

Understanding Recommitment:

Each Team Member will be asked to recommit to the Final Fundraising goal that corresponds with the Cowtown Rundown. At this point in the season we will register you for the race and order your apparel. In order to secure your place on the Team you must guarantee you will reach the Final Fundraising goal of \$500 by February 22, 2012 at noon.

If you do not have the required amount in your account at this time, you may contribute to your own fundraising to reach that amount and continue with the Team. At this time, you will be required to guarantee your final goal with a valid credit card (MC, VISA, or AMEX). You will not be asked to donate to your final goal if you have reached the minimum by the given date

If you do not recommit as a Team Member, 100% of your funds raised will be used to support the Society's mission: to cure leukemia, lymphoma, Hodgkin's disease, and myeloma and improve the quality of life of patients and their families. However, at this time, you will no longer receive the benefits of the Team In Training Program, but we invite you back to join another season.

Final Fundraising Deadlines:

At this time, you will be required to meet the fundraising goal. If your final goal has not been met by the given date, you will be required to donate the difference to your own account. Fundraising accounts are open for up to one month after the event during which donations are still applicable toward your fundraising goal. One month after the event, we will process reimbursement checks for any additional funds that you personally donated to your account. **Please note: Reimbursement checks take approximately 3 weeks to be processed. Funds must be posted in your fundraising account 30 days after the event to be eligible for reimbursement.**

Event	<i>Recommitment Deadline</i>	<i>Final Fundraising Deadline</i>	Required Fundraising Minimum
Cowtown Rundown 10K Training	<i>February 7</i>	<i>February 22</i>	\$500