



TEAM IN TRAINING VOLUNTEER REGISTRATION FORM

FAX this registration form to: (212) 376-7096

The Leukemia & Lymphoma Society, NYC Chapter, 475 Park Avenue South, 8th Floor, NY, NY 10016

Phone: (212) 376-6742

www.teamintraining.org/nyc

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

Address (preferred mailing address) _____

City _____ State _____ Zip _____

Eve Phone _____ Day Phone _____ Mobile _____

Email _____

Employer _____ Position/Title _____

Sex Male Female T-shirt size S M L XL XXL

Group Training Sessions (GTS): will take place 1-2 weeknights and Saturday mornings.

Where will your weeknight trainings take place (Circle One): Manhattan Brooklyn Staten Island Other _____

Where will your weekend trainings take place (Circle One): Manhattan Brooklyn Staten Island Other _____

Would you prefer to join another local chapter (Circle One: Northern NJ, Connecticut, Westchester/Hudson Valley, Long Island)?

Yes, I would like to learn more about forming a Corporate or Friends & Family Team.

Yes, I would like to set up an in-house information meeting at my company.

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 adhere to the fundraising guidelines listed on page two of this packet.

New York City Half Marathon *March 21, 2010* *\$1800* *Run or Run/Walk 13.1 miles*

Registration Fee: Registration fee is \$125. Your fee goes towards your \$1800 Fundraising Minimum.

Enclosed is my check for the \$____ non-deductible/non-refundable/non-transferable registration fee (payable to **The Leukemia & Lymphoma Society**)

Please charge my credit card for the \$____ non-deductible/non-refundable/non-transferable registration fee

My company has a matching gift program and can match my \$125 donation.

Card Number _____

Exp. Date _____

Security Code _____

Name as it appears on card* _____

Signature _____

**This information must be personally provided and signed for by the cardholder.*

RECRUITMENT INFORMATION

How did you hear about the Team In Training program? Identify primary source only:

I am a past participant (marathon / century / triathlon: event & year completed) _____

Referred by a family member, friend or TNT past participant (please name) _____

Direct Mail Brochure / Flyer (location) _____

Facebook Other Social Networking Site _____

Health Fair Gym Tabling (location) _____

Nike Run Club Magazine / Newspaper Ad (publication) _____

Subway or Bus Ad Press _____

TNT Website Email Newsletter _____

Race Expo / Finish line

Saw a TNT T-shirt

Saw on Road Runners Site

Other _____

FOR IMPACT USE ONLY: Mtg _____	SC _____	Paid _____	Paycor _____	Reg Mat _____	FE _____	Mentor _____
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VOLUNTEER COMMITMENT AGREEMENT

Team In Training (TNT) is a program of The Leukemia & Lymphoma Society. As a TNT volunteer, you will help LLS generate awareness of The Leukemia & Lymphoma Society and its mission to cure leukemia, lymphoma, Hodgkin's disease and myeloma and improve the quality of life of patients and their families.

As a TNT volunteer, you will receive no compensation from the LLS. You will be asked to raise funds for blood cancer research, patient service programs and to help defray the costs of the TNT program. Each event has a Fundraising Minimum. 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. If you raise the minimum level of funds for that event, you will be eligible to have your expenses of participating in the half marathon.

In light of this, we take your commitment to raise the Fundraising Minimum seriously. **\$1,800** is the required fundraising minimum for your event; however, we encourage all participants to exceed this goal in order to maximize the dollars raised for LLS' mission. This minimum is 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.

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. We have three important fundraising milestones put in place.

Recommitment:

You have up until February 3rd to train, fundraise and assess how the program is going for you. On February 3rd, you have 2 options:

1) You can officially 'Recommit' to the NYC Half Team. At this time, if you do decide to Recommit and have not already raised \$1,800 we will ask you to secure your position on the team with a credit card, acknowledging that you will donate the difference if you are short of \$1,800 on our Fundraising Deadline (March 10th). You are also responsible for 25% (\$450) of your Fundraising Minimum raised on February 3rd. If you would like to recommit and have not yet raised this amount, TNT will process your credit card to cover the difference between your balance and \$450. Your credit card information will be placed on file.

2) You can withdraw from the TNT program with no financial obligation to you other than your registration fee considered a donation to the Mission of The Leukemia & Lymphoma Society.

Fundraising Deadline:

On March 10th, if you are still short of your \$1,800 Fundraising Minimum, you will be charged the difference. We will contact you first to ensure that all of your current donations have been properly posted to your fundraising account.

Reimbursement Deadline:

You will have until May 19th (almost two months *after* your event) to continue your fundraising and be eligible to receive check reimbursement based on what you were charged.

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 an 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.

Signature _____

Name _____ Date _____
(please print)

___ *I'd like to receive information about LLS by subscribing to the New York City Chapter's e-newsletter.*

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, (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 Events.

In consideration of LLS' 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, 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' negligence or otherwise (collectively, "Liabilities").

I also give permission to LLS to freely use 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, with out 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 preventive or first aid assistance or seek treatment or medical care that seems reasonably necessary, including hospitalization, for my health and well being. I also give permission to the LLS to use and disclose my personal health information ("PHI") in the ways described in this form. I allow LLS Society 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.

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 eighteen 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 and of such Release, release and hold harmless LLS (as defined above) from all Liabilities (as defined above).

Date _____
Signature of Parent/Guardian



MEDICAL, FITNESS AND EMERGENCY INFORMATION

Please complete this form completely and return to the New York City Chapter's office before your first day of training.

Name _____ Event Name _____

Email Address _____

Day Phone _____ Eve Phone _____

MEDICAL INFORMATION

Condition Requiring Medications _____

List those specific Medications _____

Allergies (food, medications, etc.) _____

Do you have any condition(s) that might affect your health and safety while training for your endurance event?

EMERGENCY INFORMATION

In case of emergency, please notify _____ Relationship (please circle) spouse / friend / relative

Emergency contact phone Home _____ Work _____ Cell _____

PERSONAL INFORMATION

PERSONAL CONNECTION

If you have someone in whose honor or memory you wish to train, please indicate below:

Name _____ IN HONOR OF / IN MEMORY OF (Circle one)

If you would like us to send your Honored Teammate (or his/her family) an acknowledgement of your participation, please include recipient's name & address: _____

If you would like to send us pictures of your Honored Teammate, please send them to your coordinator.

I am open to sharing the story of the person I'm doing this in honor or in memory of with the rest of the team.

I am a blood cancer survivor and would be open to sharing my story with the rest of the team.

