



TEAM IN TRAINING VOLUNTEER REGISTRATION FORM

The Leukemia & Lymphoma Society, New York City Chapter, 475 Park Avenue South, 8th Floor, NY, NY 10016
Phone: (212) 376-7100, ext. 6742 Fax: (212) 448-9215 www.teamintraining.org/nyc

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

Address (preferred mailing address) _____

City _____ State _____ Zip _____

Even Phone _____ Day Phone _____ Mobile _____

Email _____ Fax _____

Employer _____ Position/Title _____

Company Address _____

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

City/County/State in which most of training will take place (Circle One) : Manhattan Brooklyn Staten Island Other _____

*other chapter areas (Northern NJ, Westchester/Hudson Valley, Long Island)

Training level (if known) Run or Walk _____ minutes per mile Cycle _____ miles per hour

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 approximately two weeks prior to my travel date.

- The NYC Half Marathon (13.1 miles)* August 30 \$1,800 run run/walk
- The Nation's Triathlon* September 13 \$4,000 .9 mile swim, 25 mile bike ride, 6.2 mile run
- Tri- State Seacoast Century* September 26 \$3,400 Bike 100 miles 65 miles
- Westchester Triathlon* September 27 \$3,000 .9 mile swim, 25 mile bike ride, 6.2 mile run
- Nike Women's Half Marathon (13.1 miles)* October 18 \$3,900 run run/walk walk
- Nike Women's Full Marathon (26.2 miles)* October 18 \$3,900 run run/walk walk
- Marine Corps Marathon (26.2 miles)* October 25 \$3,200 run run/walk
- El Tour de Tucson* November 21 \$4,500 Bike 100 miles 70 miles
- ING New York City Marathon (26.2 miles)* November 1 \$2,000 run run/walk

*** I have guaranteed entry for the **ING NYC Marathon** – Please circle YES OR NO

*** I DON'T have guaranteed entry and my second choice event is (Circle One): Marine Corps Marathon OR Nike Women's Marathon

Registration Fee: Registration fee of \$100 through May 6, 2009; thereafter the fee is \$125. **Special registration fee of \$80 if you sign up at any of the Fall information meetings.** Registration fee is applied towards your 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 \$80 / \$100 / \$125 donation.

Card Number _____ Exp. Date _____

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) _____
- Radio (station) _____ Gym Tabling (location) _____
- Article _____ Magazine / Newspaper Ad (publication) _____ Seagate
- Subway or Bus Ad PowerBar Nike American Airlines P.F. Chang's Other _____

PERSONAL CONNECTION If you have someone in whose honor or memory you wish to train, please share. This is not limited to blood cancers.

NAME _____ IN HONOR OF / IN MEMORY OF (Circle One)

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

FOR OFFICE USE ONLY: Mtg _____ WC _____ SC _____ Paid _____ Paycor _____ Reg Mat _____ FE _____ Mentor _____



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 Leukemia & Lymphoma Society (LLS) generate awareness of and its mission and objectives to attract volunteers for the LLS's programs and activities, advocate for increased research into cures for blood cancers 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, century ride, triathlon or similar event. We ask you to honor a person on whose behalf you will be completing an event. 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 patients, meetings with local officials, visits to medical and research facilities conducting leukemia and lymphoma research and TNT workshops.

As a TNT volunteer, you will receive no compensation from LLS. In fact, 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 that you may wish to volunteer for 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 marathon, century ride, triathlon or similar event paid for by LLS.

In light of this, we take your commitment to raise the Fundraising 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.

FUNDRAISING MINIMUMS Below are the required Fundraising Minimums for each event; however, we encourage all participants to exceed these goals in order to maximize the dollars raised for the LLS's mission. 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.

The NYC Half Marathon	\$1,800	The Nation's Triathlon	\$4,000
Tri State Seacoast Century	\$3,400	The Westchester Triathlon	\$3,000
Nike Women's Marathon	\$3,900	Marine Corps Marathon	\$3,200
The ING New York City Marathon	\$2,000	El Tour de Tucson	\$4,500

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.

Approximately ten (10) weeks prior to event, 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 submitted the Fundraising Minimum) we will ask you to secure your position on the team with a credit card or check, acknowledging that you will donate the difference between what you have raised and the Fundraising Minimum. Please note that at Recommitment, we recommend that you have at least 50% of your fundraising done. However, you will only be held responsible for 25% of your Fundraising Minimum raised and posted to your fundraising account. If you would like to recommit and have not yet raised this amount, TNT will process your credit card (or accept a check in this amount) to cover the difference between your balance and 25% of your Fundraising Minimum. Your credit card information will be placed on file until your account is reviewed on the Fundraising Deadline.

Your credit card will not be processed again until approximately two weeks prior to trip departure (Fundraising Deadline), if you are still short of your Fundraising Minimum at that time. In the event that you will need to donate the difference, we will contact you first to ensure that all of your current donations have been properly posted to your fundraising account. You will then have until two weeks after the event date to continue your fundraising and be eligible to receive check reimbursement upon request. At Recommitment, you also have the option to withdraw from the TNT program with no financial obligation. All contributions made on your behalf remain contributions to the LLS and are non-refundable should you withdraw from the program.

Expense reimbursement policies It is the LLS's 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. Upon request, you are eligible for check reimbursement of the amount(s) charged at Recommitment and/or Fundraising Deadline once you have met your Fundraising Minimum or on your Reimbursement Deadline (two weeks after the event date). Reimbursements are based on your final fundraising statement.

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 commit to raising the Fundraising Minimum for the event for which I am registered or donate the difference by the Fundraising Deadline, approximately two weeks prior to event travel.

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'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, "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 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 the 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 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.

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 the 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 _____

Address _____

City _____ State _____ Zip _____

Day Phone _____ Eve 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:

- A Chronic Illness Back Problems Fainting Spells High Blood Pressure
- Heart Murmur Diabetes Trouble Breathing Chest Pain Unusual Fatigue
- Heart Condition (if so, please explain _____) Asthma Liver Condition

Do you have any condition(s) 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? _____

If any of the above symptoms are checked, that could put you at risk while training, Team In Training will 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 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 (state number completed)

- Marathon(s) Half-Marathon(s) 10K(s) 5K(s) Century Ride(s) Triathlon(s)

Please describe other races/tours/competitions completed _____

Are you a member of a local gym? If so, which one(s)? _____

EMERGENCY INFORMATION

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

Emergency contact phone Home _____ Cell _____

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

Date _____

Signature of Participant