



TEAM IN TRAINING VOLUNTEER REGISTRATION FORM

Palm Beach Area Chapter * 4360 Northlake Blvd., Suite 109 * Palm Beach Gardens, FL 33410

Phone: 561.775.9954 * Fax: 561.775.0930

Please complete the following information in its entirety.



PLEASE PRINT NEATLY!

First Name: _____ Last Name: _____ SS #: _____

D.O.B.: ____/____/____ Sex: ____ Male ____ Female

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____

Fax: () _____ Email: _____

Employer: _____ Position/Title: _____

Company Address: _____

Education (last completed): ____ High School ____ College ____ Post Graduate

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 designated participation minimum by the event fundraising deadline.

Disney's Princess Half Marathon March 7, 2010 \$2,100 ____ Walk ____ Run/Walk ____ Run

Training Location: ____ West Palm Beach ____ Vero Beach

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

SIGNATURE OF PARTICIPANT (if 16 or 17, parent or legal guardian MUST also sign, before registration can be submitted) _____ Date _____

I have enclosed a check for my non-deductible / non-refundable registration fee.

Please charge my credit card for my registration fee. Visa / MC / AMEX REG FEE: \$100

Cardholder Name: _____ Card #: _____ Exp Date: _____

I am participating on behalf of a personal Honored Hero

in Memory in Honor of _____

RECRUITMENT INFORMATION

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

- I am a past participant – (please list event, year & chapter): _____
- Referred by a friend and/or past participant – (who?): _____
- Direct Mail Brochure / Flyer (location) _____
- Radio (station) _____ TV (station) _____
- Magazine Article Magazine Ad (name of mag) _____
- Newspaper Article Newspaper Ad (name of paper) _____
- Billboard Racing Packet (race?) _____ 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.

CIRCLE SHIRT SIZE:

S M L XL XXL

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 and objectives; attract volunteers for LLS’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/century ride/triathlon or similar event. We ask you to honor a leukemia 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 leukemia patients, meetings with local officials, visits to medical and research facilities conducting leukemia research, and TNT workshops.

As a TNT volunteer, you will receive no compensation from LLS. You will be asked to raise funds for leukemia 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. 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 by LLS.

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.

PARTICIPATION MINIMUMS - Below is the minimum amount you must raise to attend your 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.

Disney’s Princess Half-Marathon - \$2,100

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 12/19/09 we will ask you to submit a “Recommitment Agreement”, confirming your commitment to the team and to raise the participation minimum set for your event (as listed above). Unless your paycor account reflects the **entire minimum**, you will be asked to secure your position on the team with a credit card. At this time you must have at least 25% of your minimum (enough to cover expenses) registered in your paycor account. By signing the recommitment form, you are acknowledging that you will donate the difference between what you have raised and 25% of the minimum if you have not yet reached this amount by the date listed above for your event. You are also acknowledging you will donate the difference between what you have raised and your minimum, if you have not raised the full minimum by the fundraising deadline for your event (2 weeks prior to the actual event). You have 30 days after your event to turn in additional funds and receive a reimbursement in the form of a check for the amount turned in over the minimum and/or up to your personal donation. If you feel you can not agree to these terms, you may choose to drop off the team at this time with no further obligation. If you do decide to drop off the team, donations you have collected will still be a generous donation to the Society that will help fund life saving research.

Expense reimbursement policies - It is LLS’s TNT 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.

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.

Signature: _____

Name: _____

Date: _____

(Please Print)

This must be signed by a parent or guardian if the participant is under age 18 on the date this release and consent is signed.

I have attended an information meeting and have read and understand the above. I hereby give my consent for my minor child to commit to being a TNT volunteer, and to meet the expectations set forth above. I acknowledge that my minor child is participating in TNT solely to support the mission of The Leukemia & Lymphoma Society, without any expectation of monetary benefit from the participation in TNT. I also acknowledge that as a TNT volunteer, my minor child 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. I also understand that my minor child’s TNT coach or staff may suggest that he/she does not continue in TNT for reasons including, but not limited, to the ability to reasonably succeed in the selected event.

Signature: _____

Name: _____

Date: _____

(Please Print)

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 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 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 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. 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 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

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 related 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 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:

Chapter contact name and address:

The Leukemia and Lymphoma Society, Palm Beach Area Chapter

Attn: Elizabeth Hughes

4360 Northlake Blvd, Suite 109

Palm Beach Gardens, FL 33410

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 MEDICAL, FITNESS AND EMERGENCY INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work 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 Bone/Joint Condition
- Heart Murmur Diabetes Trouble Breathing Chest Pain Unusual Fatigue
- Heart Condition (if so, please write in what type _____) Asthma Liver Condition
- Unusual Pain

Do you have any conditions that might affect your health/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: () 16-17 () 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 1-2Days/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 LLS's Liability Release form.

Signature _____ Date _____

Must be signed by parent or legal guardian if the participant is under age 18.

Signature of Parent or Guardian _____ Date _____

Policy Statement: "Team In Training is an endurance sports training programs of The Leukemia & Lymphoma Society 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."