

# Be a part of our Alumni Program!



In our ongoing efforts to provide alumni with an option that encourages continuing participation, we have devised the following alumni program which entails a substantially reduced fundraising minimum.

## Alumni Level Fundraising Includes:

- ✓ Training
- ✓ Race Entry
- ✓ Training Tee<sup>1</sup>
- ✓ TNT Incentives<sup>2</sup>
- ✓ TNT Alumni Pin
- ✓ TNT Race day attire
- ✓ Pasta & Victory Parties<sup>3</sup>

The alumni level does not include hotel and airfare.

However, you have the option to travel on the group flight and stay at the group hotel with TNT for a \$35 booking fee (in addition to your payment of the group rates.)

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<sup>1</sup> The Training Tee will be given out when you turn in a copy of your fundraising letter and personal website.

<sup>2</sup> This does not include the purple and green team jacket or a wetsuit for the Triathlon program. Incentives are awarded when you reach 25%, 50% and 75% of your fundraising minimum and for each 25% you raise over your minimum goal.

<sup>3</sup> Party tickets are not included for local events.



**TEAM IN TRAINING ALUMNI REGISTRATION FORM**  
**San Diego/HI Chapter; 9150 Chesapeake Drive, Suite 100; San Diego, CA 92123**  
**Phone: (858) 277-1800 · Fax: (858) 277-1748**

Legal First name: \_\_\_\_\_ Legal Last name: \_\_\_\_\_ Sex: \_\_\_\_\_ Female \_\_\_\_\_ Male

**Formally Registered as:** \_\_\_\_\_

Home Address/P.O. Box: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (minimum age of 18)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Shirt Size (circle): Small Medium Large X-Large XX-Large

Employer: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Education Last Completed (circle): High School College Post Graduate

- I am a cancer survivor
- I would like to receive advocacy email updates to learn how else I can assist in the fight to cure blood cancer
- I am a triple crown completer or this event will complete my triple crown.
- Corporate Team: \_\_\_\_\_

**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. 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.

Circle your event	Circle your distance	Circle your team	Circle your minimum	Event date
Rock 'n' Roll Mardi Gras (New Orleans, LA)	Half Marathon Full Marathon	Run Team Walk Team	\$3,450	Feb. 28, 2010
Solvang Century (Solvang, CA)	Century Ride	Cycle Team	\$2,700	March 13, 2010
Lavaman Triathlon (Waikoloa, HI)	Olympic Distance	Triathlon Team	\$5,500	March 28, 2010

**I have enclosed my \$50.00 non-deductible / non-refundable registration fee.**

Check number \_\_\_\_\_  Cash received \$ \_\_\_\_\_

Please charge my credit card number: 

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Name as it appears on the card: \_\_\_\_\_ Security Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**RECRUITMENT INFORMATION:** How did you hear about the Team In Training program? Please check all that apply:

- I am a past participant
- Referred by a friend
- Mailing
- Radio (station): \_\_\_\_\_
- TV (station) \_\_\_\_\_
- Billboard
- Newspaper (Name of Newspaper) \_\_\_\_\_
- Brochure / flyer (location) \_\_\_\_\_
- Magazine article (Name of Magazine) \_\_\_\_\_
- Magazine Advertisement (Name of Magazine) \_\_\_\_\_
- Racing Packet: \_\_\_\_\_
- Other \_\_\_\_\_
- P.F. Chang's
- Nike
- American Airlines
- Power Bar
- Runner's World
- Coca Cola

**FOR CHAPTER TO COMPLETE:**

- FR Planner
  - DE in SC
  - DE in LM
  - Reg Fee to Paycor (CAF or Mail)
- 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 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/century ride/triathlon/hike or similar event. We ask you to honor a local 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. 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 blood cancer 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 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/century ride/triathlon or similar event paid by the Society.

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. 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.

**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 Recommitment Day (see below for date), we will ask you to submit a “Recommitment Form”, confirming your commitment to the Team and to raise the fundraising minimum set for your event (as listed below). At this time all you need to recommit is 25 percent of your fundraising minimum in your fundraising account. At recommitment if you have not already turned in the entire fundraising minimum we will ask you to secure your position on the Team with a credit card, acknowledging that you will donate the difference between what you have raised and the minimum, if you have not raised the minimum by the final fundraising deadline (date below). Should you decide not to recommit, you will need to drop from the Team at this time.

**Expense reimbursement policies** - It is the Society’s TNT policy NOT to pay the traveling expenses of spouses or other traveling companions.

<b><u>Event</u></b>	<b><u>Fundraising Minimum</u></b>	<b><u>Recommitment Day</u></b>	<b><u>Final Fundraising</u></b>	<b><u>Reimbursement</u></b>
Rock ‘n’ Roll Mardi Gras (New Orleans, LA)	\$3,450	January 8, 2010	February 12, 2010	March 13, 2010
Solvang Century (Solvang, CA)	\$2,700	January 8, 2010	February 26, 2010	April 12, 2010
Lavaman Triathlon (Waikoloa, HI)	\$5,500	January 15, 2010	March 12, 2010	April 27, 2010

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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: \_\_\_\_\_

**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 provider working for or on behalf of the Program, and representatives, successors and assigns (be 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 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 the publicity or privacy that I may have in my name, picture and voice. In addition, if I am doing an event in honor or memory of a friend or family member I have permission to be using that person's name.

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 from. 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 involve 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.

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.

Participant Signature \_\_\_\_\_ 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 the 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  
9150 Chesapeake Drive, Suite 100  
San Diego, CA 92123

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

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_



**PARTICIPANT MEDICAL, FITNESS AND EMERGENCY INFORMATION**  
Please complete this form and return it to your Staff Coordinator ASAP!

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

**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:

- |   |  |  |  |   |
|---|--|--|--|---|
| <input type="checkbox"/> A Chronic Illness  | <input type="checkbox"/> Back Problems | <input type="checkbox"/> Fainting Spells   | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Bone/Joint Condition |
| <input type="checkbox"/> Heart Murmur   | <input type="checkbox"/> Diabetes      | <input type="checkbox"/> Trouble Breathing | <input type="checkbox"/> Chest Pain          | <input type="checkbox"/> Unusual Fatigue      |
| <input type="checkbox"/> Heart Condition (if so, please write in what type _____) | <input type="checkbox"/> Asthma        | <input type="checkbox"/> Liver Condition   | <input type="checkbox"/> 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  1-2 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 \_\_\_\_\_

**EMERGENCY INFORMATION: For Training Sessions**

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

Emergency contact phone: cell: \_\_\_\_\_ home: \_\_\_\_\_ work: \_\_\_\_\_

**EMERGENCY INFORMATION: For Event Weekend**

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

Emergency contact phone: cell: \_\_\_\_\_ home: \_\_\_\_\_ work: \_\_\_\_\_

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

Signature \_\_\_\_\_ 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. The Society understands that some volunteers will have special needs during training. Although the Society 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."

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