



TEAM IN TRAINING VOLUNTEER REGISTRATION FORM

FAX COMPLETED FORM TO 206-292-9791
Or Email Bonni.Brooks@lls.org

Last Name: _____ First Name: _____

Birth Date: ____ / ____ / ____ Sex: Female Male

Home Address/P.O. Box: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Education (last completed): High School College Post Graduate

Email: _____

Employer: _____ Position/Title: _____

T-shirt Size: XS S M L XL 2XL 3XL

Emergency Contact Information:

Name: _____

Phone Number: _____

EVENT AND REGISTRATION INFORMATION FOR SEATTLE TEAMS

VM Team Medicine Seafair Marathon or Half Marathon, June 29, 2008 \$1200 minimum

Full _____ Half _____

Registration fee: \$50 for (applied towards your fundraising goal)

I have enclosed a check for my \$_____ tax-deductible / non-refundable registration fee

Please charge my credit card for the \$_____ registration fee: **MC VISA AMEX DISCOVER**

Card #: _____ **3 Digit Code (Back of Card)** _____ Exp.Date: _____

Name as it appears on the card

Signature

RECRUITMENT INFORMATION

How did you hear about the Team in Training program?

Retail store display (location) _____

Flyer in mail

Flyer at race – which race? _____

Referred by friend

Website Saw advertisement

Newspaper or Magazine article

Radio

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

Name of friend with whom you are joining : _____

I, _____, (the "Participant") intending to be legally bound, understand and agree that I am voluntarily participating in The Leukemia & Lymphoma Society Team In Training 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 The Leukemia & Lymphoma Society Inc.'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 The Leukemia & Lymphoma Society, Inc. and its chapters, their Officers, Trustees, agents, employees 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 Leukemia & Lymphoma Society, Inc. and its sponsors for the 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.

This Release and Personal Release 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 Personal Release 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 Personal Release, 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 VOLUNTEER COMMITMENT AGREEMENT

Team in Training (“TNT”) is a volunteer 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 or triathlon. 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. 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 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 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 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 participants 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.

VM Team Medicine Seafair Marathon and Half Marathon	\$1200
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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 **May 6th, 2008** we will ask you to submit a “Recommitment Form”, confirming your commitment to the team and to raise the fundraising minimum (25% of minimum due at Recommitment) set for your event (as listed above). At this time (if you have not already turned in the 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 deadline date of **June 16th, 2008**. 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: 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 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** _____

EMERGENCY INFORMATION

Last Name: _____ First Name: _____

Age: _____ Cell Phone: _____ Vehicle Type: _____

Program for which you are registered: (Please check one):

Seafair Marathon

In case of emergency, please notify: _____ Relationship: Spouse Friend Relative

Emergency contact phone: Home: _____ Work: _____

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

Signature _____ Date _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Fax _____

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 write in what type _____) Asthma Liver Condition

Do you have any conditions 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 about? _____

If above symptom box or boxes checked marked, Team In Training will require a note from a physician giving medical permission to participate in any Team In Training program.

CONSENT AND INFORMATION RELEASE

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 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 be 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:

Norman Schwamberg, Executive Director
Team In Training
530 Dexter Ave N, Ste 300
Seattle, WA 98109

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:

TNT Policy

No Babies, Toddlers or Pets are Allowed at Training Sessions

We do **NOT** allow a participant to train should they show up with a child or pet that must be taken along during the training or cared for otherwise. No exceptions will be made to this policy.

Team In Training participants have committed to participating in an endurance event that requires learning and practicing appropriate techniques for which having a child carrier, stroller, leashed pet, etc., precludes effective learning and practicing such techniques. Also, having a child or pet at a team training session may present other, separate liability issues to the Society.