



**The 2015 Run Boston /WalkBoston™ Team  
Running the Boston Marathon™**

All pages of this application must be completed and submitted by December 1, 2014 or *until all spots are filled on the team*. Completion of this application does not guarantee you a spot on the team. You will be informed by WalkBoston if you've been chosen as a member on a rolling basis after we have processed your application. The contract will refer to the organization as Team Run/WalkBoston. A \$50. application fee is required to be considered for our team. For further details see below.

**Send completed applications by email only to  
CharityTeams@CharityTeams.Comcastbiz.net**

**Please print clearly** - please check whichever best suits your needs:

Charity Runner and I do need guaranteed entry through Team RunBoston \_\_\_\_  
( Minimum Fundraising commitment \$5,000.00)

Registered Qualified Runner / Invitational Entry - I do not need an entry I am registered \_\_\_\_  
(Fundraising commitment is \$1,000.00)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Title: \_\_\_\_\_

Work Address: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you in need of any special assistance or are you applying for participation in the disability or visually impaired division? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Does your company have a matching gifts program? \_\_\_\_\_ Yes \_\_\_\_\_ No

Note: Matching gifts do not count towards your minimum fundraising but may help in the application process for obtaining a spot on this team.

Sizes: Singlet \_\_\_\_\_ Shorts \_\_\_\_\_ Jacket \_\_\_\_\_ Pant \_\_\_\_\_  
(We do not guarantee to provide all items but you may be able to purchase them.)

### **Fundraising experience**

Have you participated in a road race charity program before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what is the most recent charity for which you raised funds, and how much money did you raise?

Charity Name \_\_\_\_\_ Amount raised: \$ \_\_\_\_\_

Other charity fundraising programs in which you participated (name, year and amount required):

1. \_\_\_\_\_

2. \_\_\_\_\_

What will your fundraising goal be? \$5,000 \_\_\_\_\_ \$7,500 \_\_\_\_\_ \$10,000 \_\_\_\_\_ \$10,000+ \_\_\_\_\_

**(Minimum required is \$5,000.00 fundraising; however because this is a fundraising event with limited bibs, higher fundraising goals will be prioritized.)**

What are your ideas for raising these funds? Please be specific – you may add an additional sheet if needed.

\_\_\_\_\_  
\_\_\_\_\_

Are you on Facebook? \_\_\_\_\_ Yes \_\_\_\_\_ No -What is your facebook name? \_\_\_\_\_

Are you on Twitter? \_\_\_\_\_ Yes \_\_\_\_\_ No – What is your handle? \_\_\_\_\_

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### **Please answer the following questions so that we can get to know you:**

Are you affiliated with WalkBoston in any way - member, corporate member, board member, volunteer, staff, relative or friend ?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, how:

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How did you learn about the team?

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Have you had any experience with WalkBoston?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, Explain:

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Please describe why you would like to run for WalkBoston?

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CharityTeams holds monthly meetings and weekly long runs on Saturday mornings out of Boston. We also hold Tuesday night hill workouts in Newton. Do you foresee any conflicts in attending the meetings or runs? We want to insure all our runners are properly trained. Note: Attendance at monthly meetings is very important **unless you are an out of state runner.** \_\_\_\_\_ Yes \_\_\_\_\_ No

### Running experience

What is the average number of miles per week that you have run during the past 2 months? \_\_\_\_\_

Have you ever participated in a road race before?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever participated in a marathon before? If so, when. \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list at least one of the date(s) and the time it took you to complete each and the distance starting with the most recent.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Is this your first Boston Marathon? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, how many Boston Marathon's have you run and what was the most recent date? \_\_\_\_\_

Do you currently belong to a running club?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, which one \_\_\_\_\_

### **Terms and conditions:**

**Registration:** You will receive your race registration after your application is accepted on TEAM RunBoston.

The Boston Athletic Association charges a \$325 race application fee that does not count towards your fundraising commitment and this fee is the sole responsibility of the team member. The registration fee will be collected separately and you should not contact the race directly to secure your number. **All Boston Marathon registrations will go directly through CharityTeams.**

**Release form and Contribution Agreement:** In consideration of my accepting this entry, I hereby for myself, my heirs, executors and administrator, waive and release any and all rights for claims and damages I may have against WalkBoston and its employees, volunteers, consultants including CharityTeams LLC, Susan Hurley and any coaches and consultants and product sponsors for any and all injuries suffered or sustained by me in said event and in the training and planning sessions for said event or travel to and from any of the preceding. I further attest and certify that I am physically fit and have sufficiently trained for competition in this event and a licensed medical doctor has verified my physical condition.

I also grant permission for use of my name and/or photograph or voice in broadcast, telecast, print or any other account of this event and agree to waive any compensation for such use.

I agree to collect a minimum of \$5,000 for WalkBoston by Thursday, April 16, 2015. If I have not reached the amount in donations by that date, I will personally be responsible for the balance owed. I fully understand that unless I cancel by January 1, 2015, the foundation reserves the right to charge the balance I owe to my credit card. I declare that I have exercised my own judgment in signing this agreement and I further declare that the decision to sign this agreement is my own.

### **Miles stone for fundraising I agree to meet:**

<b>December 17<sup>h</sup>, 2014</b>	<b>\$1,000 minimum met</b>
<b>January 17<sup>th</sup> 2015</b>	<b>\$2,000 minimum met</b>
<b>February 17<sup>th</sup> 2015</b>	<b>\$3,000 minimum met</b>
<b>March 17<sup>th</sup> 2015</b>	<b>\$4,000 minimum met</b>
<b>April 16<sup>th</sup> 2015</b>	<b>\$5,000 minimum met</b>

***To insure these milestones are met, the foundation reserves the right to charge the difference on your credit card by the date given if we feel that there has been a failure to fundraise throughout.***

**\*ALL RUNNERS MUST RAISE THE MINIMUM FUNDRAISING BY APRIL 16, 2015.\* WE DISCOURAGE ANY BIB PICK UP UNTIL THE MINIMUM FUNDRAISING OBLIGATION IS MET.**

**Cancellation Policy:** Your \$50 application fee is non-refundable. You may cancel your participation with the team, waiving your responsibility for the \$5,000. Minimum anytime on or **before January 1, 2015**. To do so you must contact Susan Hurley, Program Coordinator via Email at [charityteams@charityteams.com](mailto:charityteams@charityteams.com) or [charityteams@comcastbiz.net](mailto:charityteams@comcastbiz.net) on or before January 01, 2015. After January 1, 2015 you are still responsible for raising the minimum \$5,000 even if, for any reason including injury, you are unable to run in the marathon. If you cancel participation after this date, your credit card will be charged the balance of your fundraising commitment. The organization has your consent do this.

Donations raised and received by our office will not be refunded, even if you cancel before January 1, 2015.

**Matching Gift Policy:** Many companies match employees' charitable contributions. You can check with your employer to see if your company has this program, and ask donors if their employer has matching gifts. **Matching gifts do not apply to the fundraising minimum** but are considered over and above the minimum. It is your responsibility to contact the company to provide all matching gift information and insure that the gift is processed.

In the situation of a runner who defaults on this agreement and their credit card is not valid for any reason, the foundation reserves the right to pursue collection of the debt and the runner will be responsible for any and all legal fees incurred by foundation with this collection process.

In the event of an illness, injury or medical emergency arising during the event or in the training and planning sessions for said event, I hereby authorize and give my consent to the organization to secure from an accredited hospital, clinic and/or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to me including but not limited to medical transport, medication treatment and hospitalization.

**Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Allergies/ Medications:

\_\_\_\_\_

Any other situations we should be aware of that may impact you ability to train, finish or fundraise for this event such as past injuries:

\_\_\_\_\_

Please sign below relative to the Terms and Conditions set forth in the above-mentioned contract. No runner will be considered without providing the required documentation.

**IMPORTANT! PLEASE NOTE REGARDING APPLICATION FEE**

In order to be considered for Team RunBoston, you must provide current credit card information to us.

**Should you be accepted for the team, the Foundation will keep your credit card information on file. Should you not meet the requirements mentioned above in the application, your card will be charged the balance. A \$50.00 non -refundable application fee will be charged upon receipt of this application.**

**Credit Card Type:**

**Name:**

**Address:**

**Zip:**

**Phone:**

**Credit card number:**

**Expiration Date on card:**

**CSV or Security code on card:**

**Signature to Authorize Use of Card for both Application Fee and Fundraising in the event the minimums are not met:**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**I have received the Team Run WalkBoston application and understand all the terms and conditions of my participation in the 2015 program. I am confirming the information listed in the enclosed application is accurate. I have also noted the due date for material submission and fundraising goals. I understand that the submission of this application does not guarantee me a spot on the team.**

Signed: \_\_\_\_\_ DATE: \_\_\_\_\_

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