

MASSACHUSETTS



DOWN SYNDROME
CONGRESS

BOSTON MARATHON® CHARITY PROGRAM APPLICATION

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APRIL 19, 2010

Send complete application and return with:

1) \$35 non-refundable application fee (checks payable to MDSC)

2) A copy of the front and back of your credit card to:

Susan Hurley, Marathon Team Coordinator

52 Russell Street, North Andover, MA 01845

978-852-7891 • 800-664-MDSC

Email: marathon@mdsc.org

Note: Applications will be taken until all team spots are filled or November 20, 2010. This application is a preliminary application. All decisions are made as a cooperative effort between Susan Hurley and the MDSC and not made by the Boston Athletic Association.

Please type or print legibly.

FIRST NAME _____ LAST NAME _____ DATE OF BIRTH _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ CELL PHONE _____

EMPLOYER _____ TITLE _____

BUSINESS PHONE _____ E-MAIL _____

WORK ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

WORK PHONE _____ FAX _____

EMAIL ADDRESS _____

Does your company have a matching gifts program? YES NO

If Yes, please provide name of company: _____ Note: Matching gifts are in addition to the \$3,250 fundraising requirement.

I would like to be contacted at: HOME WORK CELL

Credit Card Information

MASTERCARD VISA AMERICAN EXPRESS

CARD NUMBER _____ EXPIRATION DATE _____

NAME ON CARD _____

ADDRESS(if different from address above) _____

CITY _____ STATE _____ ZIP CODE _____

SIGNATURE OF CARD HOLDER _____ DATE _____



Please answer the following questions so that we can get to know you a little bit better.

How did you learn about the MDSC Charity program?

Is this your first marathon? ____ YES ____ NO If not, what is your marathon experience? What was your finish time?

Have you had any experience with MDSC or its programs ? ____ YES ____ NO

If yes, what is your relationship with MDSC and its programs?

What other community organizations are you involved with?

What has been your experience fundraising for these other organizations in the past?

Please describe why you would like to run for MDSC.

How do you see yourself becoming involved with MDSC after the Marathon?

MDSC may be holding regular monthly meetings to help prepare runners for the Marathon. Do you foresee any conflicts in attending these meetings? ____ YES ____ NO

If yes, what is the reason? _____

What is the longest distance you have ever run? _____

MDSC Terms and Conditions

2010 Boston Marathon® Charity Program

Please read the following carefully before signing below.

Fundraising commitment: A minimum donation of \$3,250. is required to join the MDSC Boston Marathon® team and receive an official entry into the 2010 Boston Marathon®.

A non-refundable deposit of \$100.00 will be charged to your credit card if you are accepted on the team. The \$100 fee will be applied toward your fundraising minimum and will hold a Boston Marathon® number in your name until the remaining balance is due on *April 1st, 2010*. This fee is tax deductible.

Valid credit card information must be included with your application to apply for the MDSC Boston Marathon® team. In the event that you do not meet the minimum donation requirement by *April 1st, 2010*. MDSC reserves the right to charge the balance owed to your credit card, unless prior arrangements have been made and agreed upon. MasterCard, Visa and America Express are accepted.

Cancellation Policy: Your \$35 application fee and \$100 deposit fee are non-refundable. You may cancel your participation with the MDSC Boston Marathon® Team waiving your responsibility for the \$3,250. minimum anytime on or before January 2, 2010. To do so you must contact Susan Hurley, Program Coordinator via Email at charityteams@comcast.net on or before January 02, 2010. After January 2, 2010 you are still responsible for raising the minimum \$3,250, 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 may be charged the balance of your fundraising commitment. Susan Hurley in cooperation with MDSC has your consent do this.

Donations raised and received by our office will not be refunded, even if you cancel before January 2, 2010.

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.

B.A.A. Registration: MDSC will inform you of the details of the B.A.A. registration after your application is accepted. The B.A.A. charges a \$250 race application fee that does not count towards your fundraising commitment. This fee will be collected separately at a later date. *You should not contact the B.A.A. directly to secure your number.*

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 MDSC and its employees, volunteers, consultants including Susan Hurley, officers and sponsors for any and all injuries suffered or sustained by me in said event, 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 \$3,250 for MDSC Boston by April 1st, 2010. If I have not reached the amount in sponsors

will personally be responsible for the balance owed. I fully understand that unless I cancel by January 2, 2010, MDSC reserves the right to charge the balance I owe to my credit card after April 1st, 2010. 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.

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 MDSC 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. The following person should be contacted in the event of any emergency:

Name: _____ **Relationship:** _____

Telephone: _____ **Cell Phone:** _____

Allergies/ Medications : _____

I have received the MDSC "Boston Marathon® Charity Program Application" and understand all the terms and conditions of my participation in the 2010 program. I am confirming the information listed in the enclosed application. I have also noted the due date for material submission and fundraising goals.

SIGNATURE

DATE