



TEAM FEARLESS

THE INSTITUTE OF CONTEMPORARY ART/BOSTON Charity Runner Application 2010 Boston Marathon®

All pages of the application must be completed and returned to:

Susie Allen
The Institute of Contemporary Art/Boston
100 Northern Ave.
Boston, MA 02210

Fax: 617-478-3110
Email: sallen@icaboston.org
Phone: 617-478-3184

Prefix: _____ First: _____ Last: _____

Gender: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Title: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Fax: _____

Email Address: _____

Does your company have matching gifts program? Yes No

I would like to be contacted at: Home Work

Fundraising Experience

Have you participated in a marathon/road race charity program before? Yes No

If yes, for which charity and how much money did you raise?

Charity Name _____ Amount Raised \$ _____

What will your fundraising goal be for the ICA? (Minimum required is \$5,000)

\$5,000 _____ \$5,000-\$10,000 _____ \$10,000+ _____

What are your ideas for raising these funds?

Are you currently a member of the ICA? _____

How did you learn about the ICA program?

Please describe why you would like to run for the ICA?

The ICA will be holding regular monthly meetings for group training and planning. Do you foresee any conflicts in attending these meetings? ___ Yes ___ No

If yes, what is the reason? _____

How many previous Boston Marathons have you run? _____

What is the number of previous marathons – anywhere – that you have run? _____

Typical training pace – minutes per mile _____

Hobbies/ Sports/ Interests/ Community/ Volunteer activities _____

THE INSTITUTE OF CONTEMPORARY ART/BOSTON Terms and Conditions for the 2010 Boston Marathon® Charity Program

Please read the following carefully before signing below.

Fundraising Commitment: A minimum donation of \$5,000 is required to join the ICA's marathon team and receive an individual entry for the 2010 Boston Marathon.

A non-refundable deposit of \$100 will be charged to your credit card if you are accepted onto the team. The \$100 will be applied toward your fundraising minimum and holds a Boston Marathon number in your name until **Friday, January 16, 2010**, when the remaining balance is due, unless prior arrangements have been made.

Valid credit card information must be included with your application to apply for the ICA team. In the event that you do not meet the minimum donation requirement by April 20, 2010, the ICA reserves the right to charge the balance owed to your credit card, unless prior arrangements have been made. MasterCard, Visa and American Express are accepted.

Cancellation Policy: You may cancel your participation with the ICA team for the Boston Marathon, waiving your responsibility for the \$5,000 minimum, anytime on or before January 15, 2010. To do so you must contact Susie Allen at the ICA, in writing, on or before the cancellation date. Your \$100 deposit fee is non-refundable. After January 15, 2010 you are responsible for raising the \$5,000 minimum, even if for any reason, including injury, you are unable to run in the Marathon.

Donations raised and received by our office will not be refunded, even if you cancel before January 15, 2010.

Matching Gift Policy: Many companies match employees' charitable contributions. You can check with your employer to see if your company has the program, and ask donors if their employers match gifts. Many companies issue matching gift checks quarterly or semi-annually: Therefore, if you plan to use a match to reach your minimum, it is your responsibility to contact the matching company to ensure that the check will be issued before April 1, 2010. If the companies match cycle is past April 1, 2010 the match cannot count towards your minimum.

Release Form and Contribution Agreement: In consideration of my accepting this entry, I hereby for myself, my heirs, executors and administrators, waive and release any and all rights for claims and damages I may have against the ICA, its employees, volunteers, 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 or 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 the ICA. If I have not reached the minimum in sponsorships, I will be personally responsible for the balance owed. I understand that unless I cancel by January 15, 2010, the ICA 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 was voluntary and not based on or influenced by any representation of the ICA.

Signature: _____ Date: _____

In the event of 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 ICA to secure from any 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 but not limited to medical transport, medications, treatment, and hospitalization. The following person should be contacted in the event of an emergency.

Emergency Contact: _____ Relationship: _____

Telephone number: _____

Allergies to medications: _____

Credit Card Information:

MasterCard _____ Visa _____ American Express _____

Card Number: _____ Expiration Date: _____

Name on card: _____

Address (if different from address on page 1): _____

Signature of holder: _____ Date: _____