



## 2012 Boston Marathon® Charity Program Application

### **\*Qualified Entrant**

The Wediko Marathon Team is excited to welcome runners who are entered into the Boston Marathon as a qualifier or who receive a number through another source. We appreciate your commitment to not only training for the Boston Marathon but to raising money for Wediko! We ask that all qualified runners raise a minimum of \$750.

We believe this opportunity will truly enhance your experience by giving you a team to train and run with, quality coaching & camaraderie all while providing a greater purpose to your running!

So that you can start receiving all of the benefits of a Wediko Marathon Team member- please complete the attached form and contact us right away!

The children and families served by Wediko count on your commitment and we are looking forward to a successful and exciting marathon training season!

Send completed forms to:

Kate Regal  
Wediko Children's Services  
72-74 E. Dedham St.  
Boston, MA 02139  
Fax: 617-292-9272  
Phone: 617-292-9200  
kregal@wediko.org

### **Save the Date!**

Team Kick-off: Early December @ Wediko office





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Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Street Address \_\_\_\_\_

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

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

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

I would like to be contacted at Home \_\_\_\_ Work \_\_\_\_ Cell \_\_\_\_

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

Male \_\_\_\_ Female \_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you B.A.A qualified (circle one): Yes No

Qualifying Marathon \_\_\_\_\_ Time: \_\_\_\_\_

IF you received a number from another source, please list that source: \_\_\_\_\_

### **Fundraising**

Does your company have a Matching Gift program? \_\_\_\_ Yes \_\_\_\_ No

What will be your fundraising goal for the Wediko Marathon Team? \$ \_\_\_\_\_

How do you plan to raise these funds?

### **Running Experience**

How many miles per week on average are you currently running and what's your average pace?

How did you learn about the Wediko Marathon Team?

There may be social and informational events for the team. What night of the week would be most convenient? \_\_\_\_ Mon. \_\_\_\_ Tues. \_\_\_\_ Wed. \_\_\_\_ Thurs. \_\_\_\_ I don't plan to attend because \_\_\_\_\_

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**Wediko Children's Services Terms and Conditions for the 2012 Boston Marathon**

Please read the following carefully before signing below.

**Qualified Entrants:** Wediko welcomes qualified entrants and other official entrants to join the 2012 Wediko Marathon Team and run to raise money towards our mission. Qualified entrants and those who receive race entry from another source are asked to raise a minimum of \$750. Qualified entrants will be invited to all group runs and other team events. Qualified entrants are responsible for their own race registration.

**Application Process:** Once you have submitted your application, Wediko Children's Services may contact you by phone to discuss your application further.

**Cancellation Policy:** Donations received by our office will not be refunded, even if you cancel or choose not to run with the Wediko Marathon Team and/or the Boston Marathon.

**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 employers match gifts.

**Release Form and Contribution Agreement:** In consideration of my joining the Wediko marathon team, I hereby for myself, my heirs, executors and administrators, waive and release any and all rights for claims and damages I may have against Wediko Children's Services, 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 proceeding. 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 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 Wediko Children's Services.

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 Wediko Children's Services 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 medical services and treatment rendered to me including but not limited to medical transport, medications, treatment, and hospitalization.

**Emergency Information:** The following person should be contacted in the event of an emergency:

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

Telephone Number(s): H: \_\_\_\_\_ C: \_\_\_\_\_ W: : \_\_\_\_\_

Allergies to Medications: \_\_\_\_\_

I am applying to be a member of the 2012 Wediko Marathon Team as a qualified runner/official entrant and hereby accept and agree to the terms and conditions set forth in these "Terms and Conditions."

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

Print Name: \_\_\_\_\_

Thanks again for your interest in running for Wediko and raising much needed funding! We appreciate the time you took to fill out our application. You will hear from us as soon as we receive your application. In the meantime, please notify us of any changes to your application, including a change in interest. Good Luck!