



**PERKINS SCHOOL FOR THE BLIND
2012 Perkins Marathon Team**

All pages of the application must be completed and returned by:
Thursday, January 26, 2012

Send completed applications to:

**Emily Goodman
Manager of Special Events
Perkins School for the Blind
175 North Beacon Street
Watertown, MA 02472**

Phone: 617-972-7583

Fax: 617-972-7334

Email: emily.goodman@Perkins.org

Personal Information:

Last name First Name Preferred Phone

Gender: Male Female

Home Address

City State Zip Date Of Birth

Preferred Email Address Alternative Phone (cell, home)

Employer Job Title

Work Address

City State Zip

I would like to be contacted at work: Home Work

Application Type:

I have secured an official entry from another source.

Please specify: _____

I am BAA Qualified and have secured an official entry through the BAA. Please specify below.

Race	Date	Qualifying Time
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I need a number from Perkins School for the Blind.

My Motivation:

I heard about the Perkins Marathon Team from:

Please describe your connection to Perkins:

I would like to run for the Perkins Marathon Team because:

Please email or attach a recent photo to your application (to be featured on our website and for media purposes). If you would like to email the photo, please send to Emily Goodman at emily.goodman@Perkins.org

Fundraising:

My personal fundraising goal for the 2012 Perkins Marathon Team is:

\$ _____

While the required fundraising minimum is set at \$5,000 per runner, we encourage team members to set a higher personal goal to help achieve a 2012 Perkins Marathon Team goal of \$100,000. Aim high and you will be amazed at what you can achieve!

My company plans to support the Perkins Marathon Team:

Yes, my company participates in a matching gift program.

Yes, my company plans to support the Perkins Marathon Team through a corporate sponsorship.

No, my company does not plan to support my participation on the Perkins Marathon Team.

I plan to raise funds for Perkins through the following methods:

Potential donors (describe in detail):

My other (athletic and non-athletic) charity participation and fundraising results:

Running Experience:

My running level: Beginner Intermediate Advanced

Current weekly running mileage: _____ Typical training pace (minutes per mile): _____

Number of previous Boston Marathons I have run: _____

Number of previous marathons (anywhere) I have run: _____

Best marathon time / location / date:

Additional Information:

Social networking sites I use: Facebook LinkedIn MySpace Twitter

Other (please specify): _____

I have a blog: No Yes, here is the web

Address: _____

Hometown newspaper (please specify town and state): _____

Current newspaper (please specify town and state): _____

My Hobbies/Sports/Interests/Community/Volunteer activities:

A note about myself - best run ever / biggest fan / toughest race / anything unique / extraordinary / obstacles overcome:

My Unisex Shirt Size: X-Small Small Medium Large X-Large

My Perkins Marathon Team singlet size:

- | | |
|--|--|
| <input type="checkbox"/> Men's Small | <input type="checkbox"/> Women's Small |
| <input type="checkbox"/> Men's Medium | <input type="checkbox"/> Women's Medium |
| <input type="checkbox"/> Men's Large | <input type="checkbox"/> Women's Large |
| <input type="checkbox"/> Men's X-Large | <input type="checkbox"/> Women's X-Large |

Fundraising Commitment:

I understand that my initial \$100 deposit and all additional funds raised will support Perkins School for the Blind and that an additional Boston Marathon Application (BAA) fee of \$300 will also be required, payable to the Boston Athletic Association (to be paid at a later date). The BAA application fee does not count toward my total fundraising amount.

Please charge my \$100 non-refundable deposit to the credit card listed below.

I agree to collect a minimum of \$5,000 by May 1, 2012 to support Perkins School for the Blind as part of the 2012 Perkins Marathon Team.

This minimum amount is inclusive of the \$100 non-refundable deposit. **I understand that Perkins School for the Blind reserves the right to charge the credit card listed below for the balance I owe if I have not submitted the entire on or before May 1, 2012, or if I withdraw from the program after January 1, 2012.**

Cancellation Policy:

I understand that I may cancel my participation with the Perkins Marathon Team for the 2012 Boston Marathon, waiving my responsibility for the fundraising minimum stated above, any time **on or before January 1, 2012** by contacting Emily Goodman at Perkins School for the Blind in writing. I understand that my \$100 deposit and any donations received by Perkins School for the Blind will not be refunded.

I understand that after January 1, 2012, I am solely responsible for raising or personally giving the entire fundraising minimum, even if for any reason, including injury, I am unable to run in the 2012 Boston Marathon. Donations raised and received by our office will not be refunded, even if you cancel before January 1, 2012.

I agree that I will not begin the race prior to the official start time; I will not compete in a manner which, in the judgment of the race officials, interferes with race operations or other participants; I will not reproduce or transfer my official bib number.

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. While we encourage and celebrate companies who match gifts, these gifts will not count toward your fundraising minimum.

Registration:

I agree to pay a \$300 race application fee to the Boston Athletic Association. I understand that this does not count toward my fundraising minimum for the Perkins Marathon Team. Perkins School for the Blind will inform me of the details of BAA registration. This fee will be collected separately at a later date. I will not contact the BAA directly to secure my number.

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 Perkins School for the Blind, 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 Perkins School for the Blind by May 1, 2012. If I have not reached the minimum in sponsorships by that date, I will personally be responsible for the balance owed. I understand that unless I cancel by January 1, 2012, Perkins School for the Blind reserves the right to charge the balance I owe to my credit card after May 1, 2012. 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 Perkins School for the Blind.

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 Perkins School for the Blind 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 including but not limited to medical transport, medications, treatment, and hospitalization. The following person should be contacted in the event of an emergency:

Name: _____ 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 Card Holder: _____ Date: _____