



**Join Team Free Arts!!!**

ING New York City Marathon Application

Please note: ALL applications must be completed and received by **August 25, 2010**.

Send completed applications to:

Free Arts NYC

Attn: Ashley Middleton

1431 Broadway, 7<sup>th</sup> Floor

New York, NY 10018

Phone: 212-974-9092

Fax: 917.289.3975

E-Mail: [marathon@freeartsnyc.org](mailto:marathon@freeartsnyc.org)

*(Please Print Clearly)*

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

**Birth date** (ex. 01/01/1900): \_\_\_\_\_ **Gender:** M \_\_\_ F \_\_\_

**Home Address:** \_\_\_\_\_

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

**Home Phone:** (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ **Cell Phone:** (\_\_\_\_) \_\_\_\_\_-

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

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

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

**Work Phone:** (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ **Fax:** (\_\_\_\_) \_\_\_\_\_-

**Preferred E-mail:** \_\_\_\_\_

**I would like to receive mail at:** Home \_\_\_ Work \_\_\_

**Does your company have an employee matching gifts program?** Yes \_\_\_ No \_\_\_

**Fundraising Experience:**

**Have you ever participated in a marathon charity program before?** Yes \_\_\_ No \_\_\_

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

**Name:** \_\_\_\_\_ **Amount:** \$ \_\_\_\_\_

**What will your fundraising goal be for Team Free Arts? (min. \$3,000)**  
\$ \_\_\_\_\_

**What are your ideas for raising these funds?**

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**Running Experience:**

**Are you an active runner?** Yes \_\_\_ No \_\_\_

**Are you a member of the New York Road Runner's Club?** \_\_\_ Yes \_\_\_ No

**Have you ever run in a marathon(s) before?** \_\_\_ Yes \_\_\_ No

**Which marathon(s)/ date(s)?** \_\_\_\_\_

**How often do you run?** 5-7 times/week \_\_\_ 3-5 times/week \_\_\_ less than 3 times a week \_\_\_

**Please answer the following questions so we can get to know you a little better:**

**How did you learn about Free Arts NYC and/or *Team Free Arts*?**

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

**What other community organizations are you involved with?**

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

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

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

**Additional Information:**

**What is your t-shirt size?** (Circle one) **XS S M L XL**

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

**Emergency Contact:** (The following **MUST** be contacted in case of an emergency)

**Name:** \_\_\_\_\_

**Telephone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Alternate #:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Relationship:** \_\_\_\_\_

*(Applicants - please sign and date below)*

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

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Free Arts NYC thanks you for your support!!!**



**Team Free Arts**  
2010 ING New York City Marathon  
Sunday, November 7, 2010  
Terms and Conditions

**RUNNERS**

*(This form must be signed below)*

**Registration and Fee:** Free Arts NYC will inform you of the details of registration after your ING New York City Marathon application is accepted.

- **The ING New York City Marathon charges a race entry fee that does not count toward your fundraising minimum.**
- This fee will be collected directly by the New York Road Runners.
- You should NOT contact the New York Road Runners directly to secure your number.

**Fundraising Commitment:**

- You agree to collect a minimum of \$3,000 for Free Arts NYC/Team Free Arts by **Friday, November 5, 2010.**
- If you have not reached the minimum by that date, you will be personally responsible for the balance owed. There are no exceptions.
- You agree that if you are unable to complete the race, due to injury beforehand, or for any other unforeseen circumstance, you will still be personally responsible for the full balance owed in addition to your cancellation fee of \$75.00 paid directly to Free Arts NYC.
- You agree that if the race cannot be held for any unforeseen circumstance, any funds raised by you will not be refunded.

Free Arts NYC strongly suggests that you raise at least half of the funds by **Tuesday, September 7, 2010.** If you have not raised half of the funds by that date, Free Arts NYC may contact you to discuss your fundraising plan.

**Matching Gift Policy:** Many companies match employees' charitable contributions. Matching gifts will be counted towards your fundraising goal. Free Arts NYC encourages you to check with your employer to see if your company has a matching gift program, and ask your donors if their employers match gifts.

- It is your responsibility to contact the matching company to ensure the matching gift form will be issued before **Friday, November 5, 2010.**
- If Free Arts NYC does not receive the matching gift form prior to **Friday, November 5, 2010,** the match cannot count towards your minimum.

**Cancellation Policy:** You are responsible for raising the \$3,000 minimum, even if for any reason, including injury, you are unable to run in the marathon. If you are a registered runner

with Team Free Arts and cancel due to injury, you are responsible for paying a **\$75.00** cancellation fee to Free Arts NYC within one week of notifying the charity of your cancellation.

**Release Form and Contribution Agreement:** In consideration for my acceptance onto ***Team Free Arts*** I agree that I will not hold Free Arts NYC, its employees, volunteers, officers, board members, and sponsors (the "Organization") responsible for any injuries or losses I might incur while participating in the Marathon or travel to or from the Marathon or any training sessions or meetings related to my participation in the Marathon (the "Event Activities"). I hereby release and discharge the Organization from any and all claims, demands, damages, actions, and I voluntarily agree to assume full risk of any and all injuries, damages, or losses I may sustain as a result of participation in the Event Activities. I warrant that I have sufficiently trained for the Marathon, and that a licensed physician has verified that I am fit to participate in the Marathon. I grant permission for the use of my name, likeness, or voice and waive any compensation for said use. Free Arts NYC will not be liable for any injuries that occur during training and as a result of their training tips.

I understand that running a road race is a potentially hazardous activity. I understand that I should not enter and run unless I am medically able to do so and properly trained. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of weather, traffic and course conditions, all such risks being known and understood by me.

In the event of an illness, injury or medical emergency, I authorize Free Arts NYC 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, ambulance transport service, and treatment rendered to me including medications and hospitalization. I represent that I have secured adequate insurance against any injury or loss that I might sustain during, or as a result of participation in the Event Activities.

In consideration of this entry, on behalf of myself, my legal representatives, successors, heirs, assigns, executors and administrators, I hereby waive and release any and all rights and claims for damages of any kind I may have against Free Arts NYC/Team Free Arts and all sponsors, representatives and employees thereof for any and all injuries suffered by me arising out of my participation in this event.

I hereby grant permission to Free Arts NYC/Team Free Arts to use my name and/or photograph or voice in broadcast, telecast, print or any other account of this event for legitimate purposes.

I agree to abide by the rules of the ING New York City Marathon as stated in all official race information.

**Applicant's Signature:** \_\_\_\_\_

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

**Date:** \_\_\_\_\_

**CREDIT CARD INFORMATION:**

MasterCard \_\_\_\_ Visa \_\_\_\_ American Express \_\_\_\_

**Credit Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_