



### In support of the Boomer Esiason Foundation

#### Release Form & Contribution Agreement:

In accepting this entry, I hereby for myself and anyone entitled to act on my behalf, waive and release any and all rights to claim for damages I may have against the Boomer Esiason Foundation (BEF) and sponsors for all injuries suffered by me leading up to or during the 2013 ING New York City Marathon. I further attest and certify that I am physically fit at present and will sufficiently train for competition in this event, and a licensed medical doctor has verified my physical condition. I agree to collect a minimum of \$2,800 for the Boomer Esiason Foundation by October 25, 2013.

The purpose of the Team Boomer ING New York City Marathon Group is to spread awareness and raise much-needed funds to find a cure for cystic fibrosis, and to support programs that help those with CF live longer, healthier lives.

As a participant, I agree to take on this mission and adhere to all fundraising commitments/cancellation policies as follow:

- ➤ A minimum amount of \$2,800 must be raised and collected by the Boomer Esiason Foundation by October 25, 2013.
- A \$75 Registration Fee will be charged to my credit card upon acceptance to Team Boomer. This amount will count toward my fundraising minimum.
- ➤ A Dedication Deposit of \$1,400 (50% of the total) is due by September 6, 2013. If I have not raised this amount by the due date, I will be allowed to personally make up the difference by check or credit card. If I do not raise or pay this amount, my 2013 ING New York City Marathon entry is subject to forfeit.

AFTER SEPTEMBER 6, 2013, I AM RESPONSIBLE FOR RAISING THE \$2,800 MINIMUM, EVEN IF I CANCEL FOR ANY REASON, INCLUDING INJURY.

I have read and understood all of the terms above and agree to participate:

**Applicant's Signature** 

**Date** 

\*\*\* NOTE: DONATIONS RAISED AND RECEIVED BY THE BOOMER ESIASON FOUNDATION CANNOT BE REFUNDED\*\*\*

Boomer Esiason Foundation 483 Tenth Avenue, Suite 300, New York, NY 10018 phone 646-292-7930 fax 646-292-7945 www.esiason.org





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NAME (as it appear	rs on your	credit card)	)		
CIRCLE ONE:	AMEX	MC	VISA	DISCOVER	
CREDIT CARD # CODE			EX	PIRATION DATE (mm/yy)	SECURITY
BILLING ADDRES	S FOR CRI	EDIT CARI	)		
CITY			Sī	ГАТЕ	ZIP
PHONE			Εſ	MAIL	
APPLICANT'S SIG	NATURE				DATE





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### PERSONAL INFORMATION OF MARATHON PARTICIPANT

First Name	Middle Name		Last Name
This manne	madic name		<u> </u>
Street Address (if differ	ent from billing address)		Apartment/Unit #
City	State		Zip
Email			
Gender (M / F)	Shirt Size / Short Size (pre	eference)	Date of Birth
Occupation		Employer	
Emergency Contact Nar	ne	Emergency	Contact Phone Number
How many marathons h	nave you run?		
Have you ever run the I	NG New York City Marathon?	If yes, v	vhen?
What is your predicated	I time for the 2013 ING New Yor	k City Marathor	n?HrMinSec

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### **PERSONAL STORY**

What sparked your interest to support the Boomer Esiason Foundation and Team Boomer in running the 2013 ING New York City Marathon?
What is your connection to cystic fibrosis?
Do you have previous experience in fundraising? If so, please tell us about it.
How do you plan on doing fundraising?
What is your fundraising goal?
Any other information you would like to share?