



# TEAMM4M PARTICIPANT REGISTRATION FORM

170 Township Line Road, Building B; Hillsborough, NJ; 08844

Tel: (908) 616-6846

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

Home Address/P.O. Box: \_\_\_\_\_

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

Day Phone: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Company Address: \_\_\_\_\_

Sex:  Male  Female Birth Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Education (last completed):  High School  College  Post Graduate Other: \_\_\_\_\_

City/County/State in which *most* fundraising and training will take place: \_\_\_\_\_

## EVENT AND REGISTRATION INFORMATION

As a M4M participant supporting the Melanoma Research Foundation, I hereby agree to train for and participate in the following event, and to raise the designated fundraising minimum by the participation minimum deadline.

I understand that I have committed to a fundraising minimum of \$\_\_\_\_\_ (from table below).

- I have enclosed a check for my \$100.00 non-deductible/non-refundable registration fee.
- Please charge my credit card for the \$100.00 non-deductible/non-refundable registration fee.

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ V-Code: \_\_\_\_\_

\_\_\_\_\_  
Name as it appears on the card                      Signature

## RECRUITMENT INFORMATION How did you hear of the M4M program:

- Referred by a friend and/or participant (name): \_\_\_\_\_
- Direct Mail     MRF Web Page     facebook
- Other: \_\_\_\_\_

## What is your shirt size?

T-shirt Size:  S  M  L  XL  XXL

Singlet/Jersey Size (they run small):  S  M  L  XL  XXL



**PARTICIPATION FUNDRAISING REQUIREMENTS:**

□

| <b>I live in:</b>    | <b>I will be training for:</b> | <b>I will need a hotel in the marathon city:</b> | <b>My fundraising minimum requirement will be:</b> |
|----------------------|--------------------------------|--|--|
| Southern New England | ING Hartford                   | NO   | \$1400   |
| Denver, CO           | ING Hartford                   | YES  | \$2000   |
| Washington, DC       | ING Hartford                   | YES  | \$2000   |
| Other _____          | ING Hartford                   | YES  | \$2000   |
|                      |                                |  |  |
| Denver, CO           | Denver Full / Half (circle)    | NO   | \$1400   |
| Washington, DC       | Denver Full / Half (circle)    | YES  | \$2000   |
| Southern New England | Denver Full / Half (circle)    | YES  | \$2000   |
| Other _____          | Denver Full / Half (circle)    | YES  | \$2000   |
|                      |                                |  |  |
| Washington, DC       | Marine Corps Marathon          | NO   | \$1200   |
| Southern New England | Marine Corps Marathon          | YES  | \$2000   |
| Denver, CO           | Marine Corps Marathon          | YES  | \$2000   |
| Other _____          | Marine Corps Marathon          | YES  | \$2000   |
|                      |                                |  |  |
| Washington, DC       | Wilson Bridge Half             | NO   | \$1200   |
| Southern New England | Wilson Bridge Half             | YES  | \$2000   |
| Denver, CO           | Wilson Bridge Half             | YES  | \$2000   |
| Other _____          | Wilson Bridge Half             | YES  | \$2000   |
|                      |                                |  |  |

By writing in another city, you are agreeing to train “virtually.” We will not be able to provide you with on site coaching but you will receiving coaching assistance by email and will be included in all TEAMM4M events and activities for the marathon weekend. Should you ever be traveling to one of the training cities during our training period, you are more than welcome to join the scheduled runs.



**LIABILITY RELEASE**

I, \_\_\_\_\_, intending to be legally bound, understand and agree that I am voluntarily participating in the TEAMM4M Marathon Training Program (TEAMM4M) to support the Melanoma Research Foundation (MRF) and all of its activities including, but not limited to, training for and participating in the following event:

\_\_\_\_\_ (marathon event) at my own request and my own risk. I acknowledge that I am aware of the risks inherent in training for a participating in the TEAMM4M and certify that I am physically fit, have not been otherwise informed by any physician and know of no restrictions imposed on me by any way prevent me from actively participating in TEAMM4M.

In consideration of TEAMM4M/MRF and my being permitted to participate in the said event, I, on behalf of myself, my successors in interest, heirs, assigns, and representatives, hereby fully release and hold harmless M4M/MRF, and its chapters, their Officers, Trustees, agents, employees and representatives, successors and assigns (be they individuals or organizations), together with their insurers and sponsors (collectively, M4M/MRF), of and from any and all liability, claims, damages, actions and causes of action whatsoever on account of any loss, damage or injury to person (including death) or any other loss or inconvenience whatsoever, suffered by me at any time hereafter arising out of my voluntary participation in TEAMM4M, whether resulting from M4M/MRF negligence or otherwise (collectively, "Liabilities").

I also give permission to M4M/MRF to freely use my name, picture and voice in any broadcast, telecast, print account, or any other account in any medium of TEAMM4M. I understand that this Personal Release is perpetual in time and that it encompasses, without limitation, any copyright or right of publicity or privacy that I may have in my name, picture and voice.

Consent and Information Release: I hereby grant permission to M4M/MRF to render preventative or first-aid assistance or seek treatment or medical care that it seems reasonably necessary, including hospitalization, for my health and well being. I also give permission to M4M/MRF to use and disclose my personal health information in the ways described in this form. I allow M4M/MRF to use my personal health information as necessary for purposes related to my treatment. I also allow M4M/MRF to give out my personal health information to doctors, hospitals, ambulance companies, coaches, family members, and others involved in my care and treatment. My personal health information may also be used and given out as necessary to run the TEAMM4M or as necessary for the proper management and administration of M4M/MRF.

This Release and Personal Release will be governed by and subject to the laws (except the choice of law principles) and exclusive jurisdiction of courts of the State of New York.

Date: \_\_\_\_\_  
Signature of Participant

\*Must be also be signed by parent or legal guardian if the Participant is under age 18 on the date this Release and Personal Release is signed.

The undersigned certifies that he/she is the parent or legal guardian of the participant, and as such and on behalf of myself and the participant, agrees to the terms of the Release, releases all parties and entities set forth above from all Liabilities, and indemnifies and holds harmless M4M/MRF from all Liabilities.

Name of Parent or Guardian: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

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



**MEDICAL INFORMATION**

Medical Insurance Company: \_\_\_\_\_

Current Medication: \_\_\_\_\_

Condition Requiring Medications: \_\_\_\_\_

Allergies (food, medications, etc.): \_\_\_\_\_

Have you experienced any of the following symptoms in the last year:

- chronic illness       back problems       fainting spells       high blood pressure
- bone/joint condition       heart murmur       diabetes       trouble breathing
- chest pain       unusual fatigue       asthma       liver condition
- heart condition (what type \_\_\_\_\_)

Do you have any conditions that might affect your health and safety while training for your endurance event (e.g., pregnant, temporary illness such as cold or flu...)?

Is there anything else, not listed above, that you would like us to know about?

If your health changes, please contact the M4M coach or staff. A medical approval may be required for above checked boxes.

**Fitness Information:**

Age:  18-25     26-35     36-45     46-50     51-60     Over 60

I currently engage in athletic/sports/fitness activities:

( ) daily    ( ) 5-6 days a week    ( ) 3-4 days a week    ( ) 1-2 days a week    ( ) Almost never

List any previous or current athletic injuries:

I have completed one or more: \_\_\_\_\_

Marathon(s)     Half-Marathon(s)       10K(s)       5K(s)       Triathlons(s)

Please describe other races/tours/competitions completed:

**Emergency Information:**

In case of emergency, contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**I am aware that I must sign the Liability Release Form:**

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



**AUTHORIZATION FOR RELEASE OF INFORMATION TO TEAM MILES FOR MELANOMA (M4M)/MELANOMA RESEARCH FOUNDATION**

Participant name: \_\_\_\_\_

By signing below, I allow physicians, hospitals, ambulance companies, or any other health care provider to give out any and all medical information concerning the Participant. The health care providers can give the information to coaches, staff, and volunteers working for or with TEAM Miles for Melanoma (M4M)/Melanoma Research Foundation (MRF). This information includes oral or written medical information that relates to or affects participation in activities, programs or events affiliated with or sponsored by M4M/MRF. This information will be used in connection with M4M/MRF programs.

This information may include, but is not limited to, all information within a health care provider’s knowledge. It includes information found in any records under his or her control or supervision concerning the participant’s physical condition, illness, and/or injuries.

This information may be used or given out by M4M/MRF as necessary to run the programs. This includes, but is not limited to, uses and disclosures to the participant’s friends or family, coaches, M4M/MRF insurers, or other persons or entities involved in the M4M/MRF programs.

This form expires one year after the last date the participant is involved in any M4M/MRF program.

I understand that I do not have to sign this form. My choice about whether to sign this form will not change the way health care providers treat the participant. I know that I can see or copy any paper records that have been given out. I also understand that if information is given to M4M/MRF as allowed in this form, it may no longer be protected by federal privacy laws and may be subject to further disclosure.

This form can be revoked at any time in writing. Written revocations should be signed and given to:

M4M/MRF  
170 Township Line Road, Building B  
Hillsborough, NJ 08844

A revocation letter will not affect any action taken before M4M/MRF received the letter.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*Must be signed also by parent or legal guardian if the participant is under age 18 on the date this form is signed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Explanation of authority to sign if someone else signs this form:

\_\_\_\_\_