

The 2020 Glen Doherty Memorial Foundation NYC Marathon Team - "Team GDMF" November 1, 2020

All pages of this application must be completed and submitted by May 15, 2020 or *until all spots are filled on the team*. Completion of this application does not guarantee you a spot on the team. You will be informed by the foundation if you've been chosen as a member on a rolling basis after we have processed your application. The contract will refer to the foundation as Team GDMF. A \$50 application fee is required to be considered for our team. Further details see below:

Send completed applications by email only to:

marathon@glendohertyfoundati	ion.org	
Please print clearly - please check whi	ichever best suits your needs:	
Charity Runner and I do nee	ed guaranteed entry through The	Glen Doherty Memorial
Foundation (Fundraising co		
	r / Invitational Entry - I do not n	eed an entry I am registered
(Fundraising commitment is	s \$1,000)	
First Name:		
Last Name:		
Address:		
City:	State:	Zip:
Date of Birth:		
Home Phone:		
Cell Phone:		
Employer:		
Title:		
Work Address:		
City:	State:	Zip:
Email Address:		

Are you in need of any special assistance or are you applying for participation in the disability or visually

impaired division? No Yes If yes, please explain:
Does your company have a matching gifts program? Yes No
Note: Only matching gifts received by October 31, 2020 count towards your minimum fundraising. Matching gifts may also help in the application process for obtaining a spot on this team.
Sizes: Singlet Jacket Hat: S M L (pls circle 1)
Fundraising experience Have you participated in a road race charity program before?YesNo If yes, what is the most recent charity for which you raised funds & how much money did you raise? Charity Name
Amount raised: \$
Other charity fundraising programs in which you participated (name, year and amount required): 1
2
fundraising goals will be prioritized.) What are your ideas for raising these funds? Please be specific – you may add an additional sheet if needed.
Please answer the following questions so that we can get to know you: Are you affiliated with the Glen Doherty Memorial Foundation in any way- member, corporate member board member, volunteer, staff, relative or friend of someone working at the foundation, etc? YesNo If yes, how:
How did you learn about the team?
Have you had any personal experience with the foundation, military background, family in the military or other affiliation that you would like to share? Yes No If yes, Explain:
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Please describe why you would like to run for the Glen Doherty Memorial Foundation?
Facebook name:
Twitter handle:
Team GDMF provides regular mailings via email regarding training and our fundraising process. We provide guidelines to meet both training and fundraising goals. We encourage runners that live in the same area to organize long runs. Do you foresee any conflicts in acting on our fundraisin suggestions/plan or completing your long runs either with the group or on your own? We want to insure all our runners are properly trainedYesNo
Running experience
What is the average number of miles per week that you have run during the past 2 months?
Have you ever participated in a road race before? Yes No
Have you ever participated in a marathon before? If so, whenYesNo
If yes, please list at least one of the date(s) and the time it took you to complete each and the distance starting with the most recent.
1
2
3.
le this your first possible 2. Ves. No.
Is this your first marathon?YesNo
Is this your first marathon?YesNo If no, how many marathons have you run and what was the most recent date? Do you currently belong to a running club?

Terms and conditions:

Registration: You will receive your race registration after your application is accepted on Team GDMF. The New York Road Runners charge a \$295 race application fee that does not count towards your fundraising commitment and this fee is the sole responsibility of the team member. The registration fee will be collected separately and you should not contact the race directly to secure your number. All NYC Marathon registrations will go directly through The Glen Doherty Memorial Foundation.

Release form and Contribution Agreement: In consideration of my accepting this entry, I hereby for myself, my heirs, executors and administrator, waive and release any and all rights for claims and damages I may have against the Glen Doherty Memorial Foundation and its employees, volunteers, consultants including Kristin Donahue and any coaches and consultants and product sponsors for any and all injuries suffered or sustained by me in said event and in the training and planning sessions for said event or travel to and 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 the Glen Doherty Memorial Foundation by October 31, 2020. If I have not reached the amount in donations by that date, I will personally be responsible for the balance owed. I fully understand that unless I cancel by August 1, 2020, the Foundation reserves the right to charge the balance I owe to my credit card. I declare that I have exercised my own judgment in signing this agreement and I further declare that the decision to sign this agreement is my own.

Milestone for fundraising I agree to meet:

August 15, 2020	\$1,000 minimum met
September 1, 2020	\$2,000 minimum met
September 28, 2020	\$3,500 minimum met
October 31, 2020	\$5,000 minimum met

To insure these milestones are met, The Glen Doherty Memorial Foundation reserves the right to charge the difference on your credit card by the date given if we feel there has been a failure to fundraise throughout.

ALL RUNNERS MUST RAISE THE MINIMUM FUNDRAISING BY <u>OCTOBER 31, 2020</u>. WE DISCOURAGE ANY BIB PICK UP UNTIL THE MINIMUM FUNDRAISING OBLIGATION IS MET.

Cancellation Policy: Your \$50 application fee is non-refundable. You may cancel your participation with the team, waiving your responsibility for the \$5,000 minimum anytime on or before August 1, 2020. To do so you must contact Kristin Donahue, Program Coordinator via email at marathon@glendohertyfoundation.org before August 1, 2020. After August 1, 2020 you are still responsible for raising the minimum \$5,000 even if, for any reason, including injury, you are unable to run in the marathon. If you cancel participation after this date, your credit card will be charged the balance of your fundraising commitment. The Glen Doherty Memorial Foundation has your consent do this. Donations raised and received by our office will not be refunded, even if you cancel before August 1, 2020.

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 employer has matching gifts. Matching gifts do not apply to the fundraising minimum but are considered over and above the minimum. It is your responsibility to contact the company to provide all matching gift information and insure that the gift is processed.

In the situation of a runner who defaults on this agreement and their credit card is not valid for any reason, the foundation reserves the right to pursue collection of the debt and the runner will be responsible for any and all legal fees incurred by foundation with this collection process.

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 the foundation to secure from an 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, medication treatment and

hospitalization. **Emergency Contact:** Relationship: Home Telephone: Cell Phone: Allergies/ Medications: Any other situations we should be aware of that may impact your ability to train, finish or fundraise for this event such as past injuries: Please sign below relative to the Terms and Conditions set forth in the above-mentioned contract. No runner will be considered without providing the required documentation. IMPORTANT! PLEASE NOTE REGARDING APPLICATION FEE In order to be considered for the Glen Doherty Memorial Foundation, you must provide current credit card information to us. Should you not meet the requirements mentioned above in the application, your credit card on file will be charged the balance. A \$50.00 non -refundable application fee will be charged upon receipt of this application. **Credit Card Type:** Name: Address: Phone: Credit card number: **Expiration Date on card: CSV** or Security code on card: Signature to Authorize Use of Card for both Application Fee and Fundraising in the event the minimums are not met: Signed: Date: I have received the Glen Doherty Memorial Foundation Team application and understand all the terms and conditions of my participation in the 2020 program. I am confirming the information listed in the enclosed application is accurate. I have also noted the due date for material submission and fundraising goals. I understand that the submission of this application does not guarantee me a spot on the team. Signed: ______ DATE: _____