

Fill out your contact information (please print clearly):

Date: _____

First Name: _____ Last Name: _____ Middle Initial: _____

Date of Birth: MO ____ /DAY ____ /YR ____ (must be 16 years old on date of registration)

Home Address: _____

City: _____ Province: _____ Postal Code: _____

Primary Phone: _____ cell home work Secondary Phone: _____ cell home work

Email: _____

Employer: _____ Position/Title: _____

Gender: Male Female Education (last completed): High School Undergraduate Post Graduate

T-Shirt Size: Small Medium Large X-Large 2X-Large

Event Registration:

✓	Event	Distance	Run/Walk	Event Location	Event Date	Fundraising Minimum
<input type="checkbox"/>	San Diego Half and Full Marathon (21.1k OR 42.2k run or walk)	<input type="checkbox"/> 21.1k <input type="checkbox"/> 42.2k	<input type="checkbox"/> Run <input type="checkbox"/> Walk <input type="checkbox"/> Run/Walk	San Diego, California	June 3rd, 2012 (3 Nights)	\$3700
<input type="checkbox"/>	BMO Vancouver Half Marathon (21.1k)	<input type="checkbox"/> 21.1k	<input type="checkbox"/> Run <input type="checkbox"/> Walk <input type="checkbox"/> Run/Walk	Vancouver, British Columbia	May 6, 2012 (1 Night)	\$1900

I am a **TNT Alumni!** Please apply my **TNT Loyalty Discount of \$250** to my selected Fundraising Minimum!

Training Location:

Vancouver Flex (Online) Program

Registration Fee: The TNT Registration Fee is **non-deductible and non-refundable.**

Payment Method:

- I have enclosed cash cheque for my registration fee
- Please charge my credit card for the registration fee MC Visa Amex
- \$100 standard registration fee \$50 **Alumni** registration fee \$50 **Early Bird** registration fee (before Jan,9th)

Credit Card #

_____/_____
Expiration Date

Name as it appears on the card

Signature



SIGN THE PARTICIPANT LIABILITY RELEASE/CONSENT and INFORMATION RELEASE:

I _____, (the “Participant”) intending to be legally bound, understand and agree that I am voluntarily participating in The Leukemia & Lymphoma Society of Canada, Inc. (“LLSC”) Team in Training program (the “Program”) and all of its activities including, but not limited to, training for and participating in the “Event” at my own request and at my own risk. I acknowledge that I am aware of the risks inherent in training for and participating in the Event 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 physician that would in any way prevent me from actively participating in the Event.

In consideration of LLSC’s sponsorship of this Event and my being permitted to participate in the Event, I, on behalf of myself, my successors in interest, heirs, assigns, and representatives, hereby fully release and hold harmless LLSC and its chapters, their Officers, Trustees, agents, employees, volunteers, any medical providers working for or on behalf of the Program, and representatives, successors, and assigns (be they individuals or organizations), together with their insurers and sponsors (collectively, “LLSC”), of and from any and all liability, claims, damages, actions and causes of action whatsoever, suffered by me at any time hereafter arising out of my voluntary participation in this Event, whether resulting from the LLSC’s negligence or otherwise (collectively, “Liabilities”).

I also give permission to LLSC to freely use my name, picture and voice in any broadcast, telecast, print account, or any other account in any medium of this Event (the “Personal Release”). 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 (“Consent”): I hereby grant permission to LLSC 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 LLSC to use and disclose my personal health information (“PHI”) in the ways described in this form. I allow LLSC to use my PHI as necessary for purposes related to my treatment. I also allow LLSC to give out my PHI to doctors, hospitals, ambulance companies, coaches, family members, and others involved in my care and treatment. My PHI may also be used and given out as necessary to run the Event or as necessary for the proper management and administration of LLSC.

Signature

Name (please print)

Date

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

I, the undersigned, hereby certify that I am the parent or legal guardian of the Participant, and as such and on behalf of myself and the Participant, I agree to the terms of this Release, including the Consent, on behalf of the Participant and I hereby, in accordance with the terms of such Release, release and hold harmless LLSC (as defined above) from all Liabilities (as defined above).

Signature of Parent/Guardian

Date



VOLUNTEER COMMITMENT AGREEMENT

Team In Training (“TNT”) is a program of The Leukemia & Lymphoma Society (formerly the Leukemia Society of America). As a TNT volunteer, you will help the Society generate awareness of The Leukemia & Lymphoma Society and its mission and objectives; attract volunteers for the Society’s programs and activities; advocate for increased research into cures for leukemia and related disorders; and educate the public.

The Leukemia & Lymphoma Society asks a lot of its TNT volunteers. First, we ask you to commit to train for and participate in a marathon/century ride/triathlon or similar event. We ask you to honor a blood cancer patient on whose behalf you will be competing. We also ask you to participate in program-related and organizational activities held at the site of your event. This may include, for example, participation in media events, visits to local leukemia patients, meetings with local officials, visits to medical and research facilities conducting blood cancer research, and TNT workshops. Finally, as a member of the Team, it is our expectation that you will conduct yourself in a professional manner at all times. Failure to do so could result in your being asked to leave the program.

As a TNT volunteer, you will receive no compensation from the Society. In fact, you will be asked to raise funds for leukemia and other blood related cancers research and patient service programs and to help defray the costs of the TNT program. Each event that you may wish to volunteer for has a fundraising minimum connected with it. If you raise the minimum level of funds for that event, you will be eligible to have your expenses of participating in the marathon/century ride/triathlon or similar event paid by the Society. In light of this, we take your commitment to raise the fundraising minimum seriously. We want all Team In Training volunteers to be successful in raising at least the minimum and have structured the program to provide the support to help you reach your fundraising goal.

Event Participation - During your training, you should become familiar with the event participation rules. Team In Training is committed to having all volunteers participate in events in a fair manner. This means that at no time should you alter the event course itself or intentionally disobey any rules that the event has in place. Doing so could jeopardize our future participation in such events and disqualify you and/or your results for that event.

Fundraising Minimums - The required fundraising minimums for each event are listed on page 1 of this packet. These minimums are set to ensure we keep our program costs low, maintaining our credibility to all of our donors and most importantly, maximizing the funds we are able to invest in our mission to cure leukemia, lymphoma, Hodgkin’s disease and myeloma and improve the quality of life of patients and their families.

What if I Don’t Make the Minimum? - While we understand that this may be the most money you have ever attempted to raise, and you may feel unsure about whether you will be able to do it, we have found that if you follow the recommended guidelines and use the materials provided, you will be successful. On the recommitment deadlines listed below, we will ask you to submit a “Recommitment Form”, confirming your commitment to the team and to raise the fundraising minimum set for your event. At this time, if you have not already turned in the minimum, we will ask you to secure your position on the team with a credit card or cheque, acknowledging that you will donate the difference between what you have raised and the minimum, if you have not raised the minimum by the credit charge deadline date listed below. Should you decide not to recommit, you will need to drop from the team at this time.

Event	Recommitment Date	Credit Card Charge Date	Final Fundraising Deadline
San Diego Rock and Roll Half and Full Marathon	March 26th, 2012	May 15th, 2012	June 30th, 2012
BMO Vancouver Marathon	March 2nd, 2012	April 17th, 2012	June 5th, 2012

Expense Reimbursement Policies - It is the Society’s TNT policy NOT to: a) Incur meal, lodging or travel expenses that are “lavish or extravagant” or b) Pay the traveling expenses of spouses or other traveling companions. I hereby commit to being a TNT volunteer, and to meet the expectations set forth above. I acknowledge that I am participating in TNT solely to support the mission of LLSC, without any expectation of monetary benefit from my participation in TNT. I also acknowledge that as a TNT volunteer, I will be engaging in fundraising activities on behalf of and as agent of LLSC, and that any funds raised or held pursuant to such activities are the property of LLSC. I also understand that my TNT coach or staff may suggest that I not continue in TNT for reasons including, but not limited, to my ability to reasonably succeed in my selected event.

Sign the Volunteer Commitment Agreement:

I have read and understand the VOLUNTEER COMMITMENT AGREEMENT. I hereby commit to being a TNT volunteer, and to meet the expectations set forth in the agreement. I acknowledge that I am participating in TNT solely to support the mission of The Leukemia & Lymphoma Society of Canada, without any expectation of monetary benefit from my participation in TNT. I also acknowledge that as a TNT volunteer, I will be engaging in fundraising activities on behalf of and as an agent of The Leukemia & Lymphoma Society of Canada, and that any funds raised or held pursuant to such activities are the property of The Leukemia & Lymphoma Society of Canada.

Signature

Name (please print)

Date

*Must be signed by also by a legal guardian if the Participant is under age 18 on the date Volunteer Commitment Agreement is signed.

I, the undersigned, hereby certify that I am the parent or legal guardian of the Participant, and as such and on behalf of myself and the Participant, I agree to the terms of the Volunteer Commitment Agreement (attachment A).

Signature of Parent/Guardian

Date

How did you hear about the Team in Training program?

- Brochure in mail
- Brochure in retail store/office
(Location) _____
- I am an alumni
- Referred by a friend
(Name) _____
- Community Event
(Specify) _____
- Local Race
(Specify) _____
- Radio
(Station) _____
- TNT Website
- Magazine Article/Ad
(Source) _____
- Newspaper Article/Ad
(Source) _____
- Television
(Station) _____
- Facebook/Twitter
- Other
(Please Specify) _____

My Connection to the Cause:

- I do not have a personal connection to cancer.
- I am participating in Honour of Memory of Name: _____
Relationship: _____
- I am a cancer survivor, and would love to share my story with the TEAM!
- I am a cancer survivor, but I would not like to be recognized at this time.

OFFICE USE ONLY

Date of Information Meeting: ____/____/____

Welcome package received:

PARTICIPANT MEDICAL, FITNESS, AND EMERGENCY INFORMATION

First Name: _____ Last Name: _____

Sport: Run Walk Location: Vancouver Flex Program

Current Medications: _____

Condition Requiring Medications: _____

Allergies (food, medications, etc.): _____

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

- | | | | | |
|--|--|--|--|---|
| <input type="checkbox"/> A Chronic Illness | <input type="checkbox"/> Back Problems | <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Bone/Joint Condition |
| <input type="checkbox"/> Heart Murmur | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Trouble Breathing | <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Unusual Fatigue |
| <input type="checkbox"/> Heart Condition* | <input type="checkbox"/> Asthma | <input type="checkbox"/> Liver Condition | <input type="checkbox"/> Unusual Pain | |

*If so, please write in what type: _____

Do you have any conditions not listed above that you would like us to know about that might affect your health/safety while training for your endurance event (ie. Pregnancy): _____

If your health changes so that you would check any boxes above that are not currently checked, please contact your staff and coach. **If above symptom box or boxes checked marked, Team in Training may require a note from a physician giving medical permission to participate in any Team in Training program.**

FITNESS INFORMATION

Age Range: 16-17 18-25 26-35 36-45 46-50 51-60 Over 60

Date of Birth: MO ____ /DAY ____ /YR ____

I currently engage in athletic/sports/fitness activities:

- Daily 5-6 days/week 3-4 days/week 1-2 days/week Almost Never

List any recent and/or significant injuries: _____

Please check one of the following statements that best describes your goal(s):

- I want to cross the finish line feeling good with a big smile!
 I'd like to improve upon my previous performance while integrating more advanced training techniques.
 I want to qualify for the Boston Marathon.

If you have completed run or walk events previously, please include details below:

Event	Distance	Time

EMERGENCY CONTACT INFORMATION: For Training Sessions

In case of emergency, please notify: _____ Relationship: spouse friend relative

Emergency contact phone: (home) _____ (cell) _____

EMERGENCY CONTACT INFORMATION: For Event Weekend (if different)

In case of emergency, please notify: _____ Relationship: spouse friend relative

Emergency contact phone: (home) _____ (cell) _____



Authorization for Release of Information to The Leukemia & Lymphoma Society of Canada

Participant Name: _____

By signing below, I allow physicians, hospitals, ambulance companies, or any other health care provider (“Providers”) to give out any and all medical information concerning the Participant. The Providers can give the information to coach, staff and volunteers working for or with The Leukemia & Lymphoma Society of Canada (“LLSC”). This information includes oral or written medical information that relates to or affects participation in activities, programs or events affiliated with or sponsored by LLSC (“LLSC Programs”). This information will be used in connection with LLSC Programs.

This information may include, but is not limited to, all information within a 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 LLSC as necessary to run the programs. This includes, but is not limited to, uses and disclosures to the Participant’s friends or family, coaches, LLSC’s insurers or other persons or entities involved in the LLSC Programs. This form expires one year after the last date the Participant is involved in any LLSC 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 LLSC as allowed in this form, it may be no longer protected by federal privacy laws and may be subject to further disclosure.

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

Chapter contact name and address:

Mary McGivern
Campaign Director, Team in Training
310 - 1682 West 7th Ave.
Vancouver , BC V6J 4S6
Tel. (604) 733-2873 x 5190, Fax (604) 733-2848

A revocation letter will not affect any actions taken before LLSC received this letter.

Signature

Date

*Must be signed by also by a legal guardian if the Participant is under age 18 on the date Volunteer Commitment Agreement is signed.

Signature of Parent/Guardian

Date