



# Falmouth Road Race Charity Program

## Team JDRF Application



**45<sup>th</sup> Annual New Balance Falmouth Road Race Application**  
**Sunday, August 20, 2017**

Please send completed application to:

JDRF New England Chapter  
Attention: Annamaria Lukes  
60 Walnut Street  
Wellesley Hills, MA 02481  
Fax: 781-431-8836  
Email: [alukes@jdrf.org](mailto:alukes@jdrf.org)

**Please complete and return all pages of the application by Monday, May 15, 2017. JDRF will be in touch regarding the status of your application.** If you have any questions, please contact Annamaria Lukes at 781-431-0700 or [alukes@jdrf.org](mailto:alukes@jdrf.org). Thank you!

Please print clearly

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

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Personal Email Address: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Title: \_\_\_\_\_

Employer Street Address: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_

Work Email Address: \_\_\_\_\_

I would like to be contacted at:  Home  Work

Singlet Size: \_\_\_\_\_

Does your company have a Matching Gift program?  Yes  No



**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 employers match gifts. Many companies issue matching gift checks quarterly or semi-annually: therefore if you plan to use a match to reach your minimum, it is your responsibility to contact the matching company to ensure the check will be issued before the race date. If the company's match cycle is past the race date, or if for some reason JDRF does not receive the matching gift check prior to the race, the match cannot count toward your minimum. It is your responsibility to notify JDRF if we need to supply the employer with any documentation in order to meet this deadline.

**Fundraising Experience**

Have you participated in a marathon/road race charity program before?  Yes  No

If yes, for which charity, when and how much money did you raise?

Charity Name: \_\_\_\_\_ Amount Raised: \$ \_\_\_\_\_

When did you participate: \_\_\_\_\_

What will your fundraising goal be for JDRF?

*(Minimum required is \$2,000)* \$ \_\_\_\_\_

What are your ideas for raising these funds?

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

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

How did you learn about the JDRF program?

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

Have you had any experience with other JDRF programs or events?

Yes  No

If yes, which program/event? \_\_\_\_\_



What other community organizations are you involved with?

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

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Please describe why you would like to run for JDRF:

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How do you see yourself becoming involved with JDRF after the race?

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**Running Experience**

Have you run a road race before? If so, what race? \_\_\_\_\_

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## JDRF TERMS AND CONDITIONS for the 2017 Falmouth Road Race

Please read the following carefully before signing below.

**Fundraising Commitment:** You must raise the required minimum of \$2,000 in order to join Team JDRF and receive an individual entry for the 2017 Falmouth Road Race. Valid credit card information must be provided upon acceptance to the JDRF team.

You will have until 11:59 p.m. EST on Friday, August 18, 2017 to meet the fundraising minimum of \$2,000. In the event that you do not meet the minimum donation requirement by this time, JDRF reserves the right to charge the balance owed to your credit card.

**CANCELLATION POLICY:** You may cancel your participation with Team JDRF for the Falmouth Road Race, waiving your responsibility for the \$2,000 minimum any time on or before Friday, June 30, 2017. To do so, you must contact Annamaria Lukes at JDRF in writing on or before the cancellation date. Any donations raised and received by our office will not be refunded, even if you cancel. After June 30, 2017, you are responsible for raising the \$2,000 minimum, even if for any reason, including injury, you are unable to physically participate in the race.

**Race Registration:** JDRF will inform you of the details of the Falmouth Road Race registration after your application is accepted. **You should NOT contact the Falmouth Road Race directly to register. All registration instructions will be provided by JDRF.**

**Release Form and Contribution Agreement:** In consideration of my accepting this entry, I hereby for myself, my heirs, executors and administrators, waive and release any and all rights for claims and damages I may have against JDRF, its employees, volunteers, officers and sponsors for any and all injuries suffered or sustained by me in said event, in the training and planning sessions for said event, or travel to or 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 \$2,000 for JDRF by August 18, 2017, unless prior written arrangements have been made. If I have not reached the minimum in donations by that date, I will personally be responsible for the balance owed. I understand that unless I cancel by June 30, 2017, JDRF 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 was voluntary and not based on or influenced by any representative of JDRF.

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 JDRF 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 and treatment rendered to me including but not limited to medical transport, medications, treatment, and hospitalization.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

