

TeamChallenge

CROHN'S & COLITIS

Summer 2009 Registration Form

Kona Half Marathon
June 28th 2009



Napa to Sonoma Half Marathon
July 18th 2009



Illinois Carol Fisher Chapter
2200 East Devon Avenue, Suite 351
Des Plaines, IL 60018
Phone: 847-827-0404
Fax: 847-827-6563
www.ccteamchallenge.org



TRAINING COMMITMENT AGREEMENT

ILLINOIS CAROL FISHER CHAPTER'S COMMITMENT

The Crohn's & Colitis Foundation of America will provide the following to TEAM CHALLENGE participants:

- Group travel, accommodations, and guaranteed entry into the half marathon, for which you have registered, once Team Members raise the minimum fundraising requirement.
- A running and walking coach with a training schedule will assist you in training for the event for which you have registered.
- Group meetings, training sessions, and activities for Team Members to train and meet fellow Teammates.
- Fundraising ideas and strategies to assist you in reaching your goal.
- Fundraising supplies including sample letters, donation proposal, etc.
- Contact and encouragement for each Team Member during the fundraising and training.
- The opportunity to race in honor of a local patient with Crohn's or colitis.

TEAM MEMBER'S COMMITMENT

Each TEAM CHALLENGE Member commits to the following in order to receive all the benefits provided by the Crohn's & Colitis Foundation of America:

- Each Team Member is asked to train to run or walk the 13.1-mile marathon for which you register.
- Each Team Member agrees to turn in set minimum fundraising requirements to the Crohn's & Colitis Foundation of America by the established deadline dates.

In order to be eligible for the half marathon trip each Team Member agrees to have turned in the predetermined minimum amount of donations for their half marathon by the final fundraising date (approximately 2 weeks prior to event weekend).

Fund Raising Policies

- Each person who registers as a Team Member will be raising funds toward their personal goal. Funds raised will apply to benefits for one Team Member only. Please feel free to enlist friends to help you fundraise, but we only allow one person per fundraising campaign to receive program benefits. Friends and family may join the program as a separate Team Member.
- Donations are not transferable to another half marathon for any reason, except injury. If you become injured and provide a verifiable doctor's letter, you may transfer your funds, minus expenses that have already been incurred on your behalf, to another half marathon in the same fiscal year ONLY (September 1st through August 30th).
- Funds raised by one participant may not be transferred to another participant.

TEAM CHALLENGE VOLUNTEER REGISTRATION FORM

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Illinois Carol Fisher Chapter
2200 East Devon Avenue, Suite 351
Des Plaines, IL 60018
Phone: 847-827-0404 Fax: 847-827-6563

First Name: _____ Last Name: _____

Home Address/P.O. Box: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____ Cell Phone: _____ Fax: _____

E-mail: _____

Employer: _____ Position/Title: _____

Company Address: _____

Active.com username and password (if applicable): _____

Sex: Male Female Birth Date: _____

Education (last completed): High School College Post Graduate

EVENT AND REGISTRATION INFORMATION

As a Team Challenge volunteer supporting the Crohn's & Colitis Foundation of America and its mission, I hereby agree to train for and participate in the following event, and to raise the designated fundraising minimum by the final fundraising date.

Kona Half Marathon- Kona, Hawaii
Fundraising Goal: \$5,300
Final Fundraising deadline: June 12th

Napa to Sonoma Half Marathon- Napa, California
Fundraising Goal: \$4,200
Final Fundraising deadline: July 6th

Please choose one: Run Walk

T-shirt size: Small Medium Large X Large XX Large

I understand that I will be training and participating in the name of an honored teammate, who I will select or will be selected for me, and agree to participate in designated CCFA volunteer activities at the event site.

I have enclosed a check for my non-deductible / non-refundable \$50 registration fee

Please charge my credit card for \$50 registration fee:

Card #: _____ Exp. Date: _____ V-code _____

Name as it appears on the card

Signature

RECRUITMENT INFORMATION

How did you hear of the Team Challenge program – please check all that apply:

Direct Mail
 Radio (station) _____
 Magazine article
 Newspaper article
 Billboard
 Racing Packet

Brochure / flyer (location) _____
 TV (station) _____
 Magazine Advertisement (Name of Magazine) _____
 Newspaper Advertisement (Name of Newspaper) _____
 Other _____

HONORED TEAMMATE INFORMATION:

I will be participating in honor of a friend or family member. Name of my personal Honored Teammate: _____

FOR CHAPTER TO COMPLETE: _____

Please send the completed forms via fax (847-827-6563), e-mail (mformas@ccfa.org), or mail (2200 East Devon Avenue, Suite 351, Des Plaines, IL 60018). Thank you! Welcome to Team Illinois!

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 Crohn's & Colitis Foundation of America, Inc. ("CCFA") Team Challenge program (the "Program") and all of its activities including, but not limited to, training for and participating in the following event: _____ (collectively, 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 CCFA'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 CCFA 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, the "CCFA"), 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 this Event, whether resulting from CCFA's negligence or otherwise (collectively, "Liabilities").

I also give permission to CCFA to freely use of 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 CCFA 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 CCFA to use and disclose my personal health information ("PHI") in the ways described in this form. I allow CCFA to use my PHI as necessary for purposes related to my treatment. I also allow CCFA 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 CCFA.

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

Date: _____
Signature of Participant

**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 CCFA (as defined above) from all Liabilities (as defined above).

Date: _____

Please send the completed forms via fax (847-827-6563), e-mail (mformas@ccfa.org), or mail (2200 East Devon Avenue, Suite 351, Des Plaines, IL 60018). Thank you! Welcome to Team Illinois!