

## APPLICATION TO PARTICIPATE IN THE TCS NYC MARATHON WITH TEAM BCRF ON NOVEMBER 1, 2020

Name:	Date of Birth:		
Address:			
City, State, Zip:			
Phone:	Email:	Email:	
Athletic Fit T-Shirt Size:		(Circle Shirt Style	: Men's or Women's)
Athletic Running Shoe Size:		(Circle Shoe Style: Men's or Women's)	
Have you ever previously supported BCRF	?		
Have you ever participated in the NYC Mar	rathon: YES:	NO:	
If yes, did you run for charity? Whic	ch charity?		
How much money did you raise?			
Why do you want to run for TEAM BCRF?			
What is your personal fundraising goal (\$3,			
Credit Card (circle one): Visa Mas	tercard	American Express	Discover
Name on Card:			
CC Number:			
Expiration Date:			
Security Code:			
Billing Street Address:			
City, State, Zip:			
Billing Phone Number:			

**\*\***Your credit card will not be charged at this time.



## **Release and Waiver**

If selected to run for TEAM BCRF, I will participate in the TCS NYC Marathon with TEAM BCRF and 100% of the proceeds I raise will be donated to the Breast Cancer Research Foundation® (BCRF). BCRF has the right to publicly announce my participation in the TCS NYC Marathon as a member of TEAM BCRF. I have been notified that BCRF is not liable for any injuries suffered in connection with my participation in this race or training and I hereby waive any rights I, my heirs, or any other person or entity may have for any claims or damages against BCRF. I will raise a <u>minimum of \$3,000</u> for BCRF, even if I am unable to participate in the TCS NYC Marathon. I understand that if I do not reach the minimum fundraising goal of \$3,000 by 10/26/20, my credit card will be charged the difference between my total as of 10/26/20 and the \$3,000 minimum. Failure to reach this minimum by 10/26/20 will result in my removal from the TCS NYC Marathon. I agree to abide by all rules of the New York Road Runners (www.nyrr.org) relating to my participation in the TCS NYC Marathon and on TEAM BCRF.

By signing the application, I agree that I have read the terms and conditions above.

Participant Signature (no electronic signatures)

Date

Please return the completed form by email to Christine Ward at <u>cward@bcrf.org</u>. Applications must be received by April 1, 2020 and will be reviewed on a first come first serve basis. The names of selected runners will be announced no later than April 15, 2020. For additional questions, please call (646) 497-2638 or visit <u>www.bcrf.org</u>.