



# 2010 TSF NJ MARATHON APPLICATION



To participate in the New Jersey Marathon for the Turner Syndrome Foundation please carefully complete both pages of this form, print and mail to: Turner Syndrome Foundation, PO Box 726, Holmdel, NJ 07733 or fax to 800-594-3862. For more information about this event email [dvillavicencio@tsfusa.org](mailto:dvillavicencio@tsfusa.org)

**Event Date:** Sunday, May 2, 2010 **Start Time:** 9:00 AM **Where:** Long Branch, NJ

**Full Name (please print):** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

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

**E-mail Address:** \_\_\_\_\_ **(please be very neat)**

**Phone #:** \_\_\_\_\_ **(day);** \_\_\_\_\_ **(evening)**

**Gender:** M F **Birth date:** \_\_ / \_\_ / \_\_\_\_\_; **Age (on Race Day):** \_\_\_\_

**My Bib Name (Max. 10 characters):** \_\_\_\_\_ **(Deadline: April 1 for bib name)**

**My Predicted Finishing Time:** \_\_\_\_:\_\_\_\_ **Event Tee Size:** XS S M L XL 2XL

**Emergency Contact Name:** \_\_\_\_\_; **Phone #:** \_\_\_\_\_

**How did you hear about this event?** \_\_\_\_\_

**I run in honor of:** \_\_\_\_\_

## WAIVER

I know that participating in the Long Branch Marathon is a potentially dangerous activity. I should not enter and participate unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the Marathon. I assume all risks associated with the Marathon including, but not limited to, falls, contact with other participants, the effect of the weather, including extreme heat, extreme cold, and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of accepting my application, I, for myself and anyone entitled to act on my behalf, waive and release United Health Care, the Road Runners Club of America, the NJRRC, DBO Acquisition, LLC., NJM Acquisition, LLC., the City of Long Branch, Borough of Monmouth Beach, Borough of Oceanport, County of Monmouth, Pier Village, Ocean Place Resort, and their respective agencies, employees, and directors, volunteers, trustees, representatives and agents, USA Track and Field and its constituent chapters, and all sponsors, their representatives and successors from all claims and liabilities of any kind arising out of my participation in the Marathon even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use recordings of any type of the Marathon for any legitimate purposes.

**Signature (Parent Signature):** \_\_\_\_\_ **Date:** \_\_\_\_\_

# COMMITMENT CONFIRMATION FORM

I would like to become a Turner Syndrome Foundation (TSF) event program participant and commit to raise at least \$500 to help TSF in their important work. I would like TSF to register me for the **2010 New Jersey Marathon** and I understand that TSF has limited spaces available for this event, and that those spaces are awarded based upon a participant's ability to meet the minimum fundraising requirement of \$500. I also understand that those funds are vital in supporting TSF's mission. Furthermore, I understand that if this fundraising minimum requirement is not met, I will be personally responsible for meeting this minimum with my credit card being charged the remaining balance on May 16, 2010.

\_\_\_ I also authorize TSF to charge my credit card for the \$25 registration fee today.

\_\_\_ VISA    \_\_\_ MASTER CARD    \_\_\_ AMERICAN EXPRESS

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

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

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

Credit Card Number: \_\_\_\_\_

Card Verification Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

## WAIVER

I know that participating in the Long Branch Marathon is a potentially dangerous activity. I should not enter and participate unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the Marathon. I assume all risks associated with the Marathon including, but not limited to, falls, contact with other participants, the effect of the weather, including extreme heat, extreme cold, and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of accepting my application, I, for myself and anyone entitled to act on my behalf, waive and release Turner Syndrome Foundation, Inc. from all claims and liabilities of any kind arising out of my participation in the Marathon even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

Signature (Parent Signature): \_\_\_\_\_ Date: \_\_\_\_\_



# NJ Marathon TSF Sponsor Form



Runner's Name (first, last) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Telephone # \_\_\_\_\_ am/pm  
 Email Address \_\_\_\_\_

***Please make all Checks Payable the Turner Syndrome Foundation***

Please check all that apply: I plan to participate in

- 3-Mile Fun Run     Kid's 1.2-Mile Marathon     Kids Races     Marathon     1/2Marathon     Marathon Relay

**THANK YOU VERY MUCH FOR YOUR SUPPORT!**

All donations must be made payable to: Turner Syndrome Foundation and are to be collected by May 16, 2010 or you can go to [www.turnersyndromefoundation.org](http://www.turnersyndromefoundation.org) and donate using a credit card.

**This a prepaid run. Collect money from sponsors before the event. Enclose donations in this envelope. Please hand in the day of the**

Name	Address	City, State, Zip	Amount
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25.			

**Total Amount**

**Participants or Parent/Legal Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

