

# **2023 Run Domestic Violence Out of Town Bank of America Chicago Marathon Charity Post Close Release Form & Contribution Agreement**

## **Fundraising Commitment**

**I agree to collect a minimum of \$1750 by 5 PM, November 1, 2023 for my part of the 2023 Run Domestic Violence Out of Town Chicago Marathon Team (Run DV).**

**To guarantee my fundraising commitment, I will provide Run DV with a credit card valid through November 2023 and all pertinent credit card information as part of my Run DV team registration process. I agree that Run DV will charge my credit card for the difference between what I submit to Run DV by 5 PM, November 1, 2023, and \$1,750.**

I understand that all funds raised will support Run DV and that the additional application fee will be paid directly to the Bank of American Chicago Marathon by Run DV Coalition and does not count toward my total fundraising amount.

## **Non-Cancellation Policy**

I understand that I am using a guaranteed runner entry in the Bank of America Chicago Marathon, of which there are limited supply. I understand that I have a charity slot. Although I may cancel my participation within the 2023 Chicago Marathon, **I do not waive my responsibility for the fundraising minimum stated above.** I also cannot defer my guaranteed charity entry unless the race is cancelled. **I understand I am solely responsible for raising or personally paying the entire fundraising minimum, if for any reason, including injury, I am unable to run in the 2023 Chicago Marathon.**

I agree that I will not begin the race prior to the official start time; I will not compete in a manner which, in the judgment of the race officials, interferes with race operations or other participants and I will not reproduce or transfer my official bib number.

## **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. We encourage and celebrate companies who match gifts. These gifts count toward your fundraising minimum.

## **Registration**

Returning this signed agreement signifies your joining of Run Domestic Violence Out of Town but does not complete your registration for the Chicago Marathon. I agree to register for the Chicago Bank of America Marathon. I will be sent detailed instructions on how to register and will do so before the deadline in the instructions. I understand that I am solely responsible for picking up my bib and materials as instructed by the Bank of America Chicago Marathon.

## **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 Run DV, 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 hereby assume any and all risks related to such event. 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 provide a current or recent photograph of myself upon request from Run DV.

I declare that I have exercised my own judgment in accepting this agreement and I further declare that the decision to accept this agreement is voluntary, that I am competent to enter said agreement, and that I was not forced or coerced by anyone, including Run DV, to enter into this agreement. 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 Run DV 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.

How many Chicago Marathons have you finished in the last 10 years? \_\_\_\_\_

Have you run with the Run DV team before? Yes \_\_\_\_\_ No \_\_\_\_\_

How did you hear about our team? \_\_\_\_\_  
\_\_\_\_\_

Name (print):

\_\_\_\_\_

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

\_\_\_\_\_

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

**(Please provide a complete address, including the zip code)**

Phone:

\_\_\_\_\_

Email:

\_\_\_\_\_

Date of Birth:

Gender:

\_\_\_\_\_

Emergency Contact Name:

\_\_\_\_\_

Emergency Contact Number:

\_\_\_\_\_

Emergency Contact Relationship:

\_\_\_\_\_

Shirt Size (indicate women's or men's sizing):

\_\_\_\_\_

Credit Card Type:

CC Number:

\_\_\_\_\_

Exp. Date

Debit or Credit:

3 or 4-digit Security Code:

\_\_\_\_\_

I understand and agree to the terms of this agreement. I acknowledge that once accepted on to the team, I am responsible for the \$1750 fundraising minimum. I understand that my credit card will be charged any balance between my fundraising goal and amount raised on November 1, 2023.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date