



**OFFICIAL
CHARITY**

Team CRI Commitment Form and Terms and Conditions 2020 Boston Marathon® Official Charity Program

Congratulations on your acceptance to for the 2020 Boston Marathon! Please read the following carefully before signing below.

Fundraising Commitment: Each runner must commit to raising a minimum of \$7,500, due no later than Friday, May 8, 2020, in order to join Team CRI. In addition, each runner's fundraising total must be at a minimum of \$3,000 by Friday, January 31, 2020 in order to be registered for the 2020 Boston Marathon.

In the event that you do not meet the \$3,000 fundraising minimum for Boston Marathon Registration by January 31, 2020, Community Rowing, Inc. will charge the balance owed to your credit card. No exceptions will be made.

In the event that you do not meet the \$7,500 fundraising minimum by May 8, 2020, Community Rowing, Inc. will charge the balance owed to your credit card. No exceptions will be made.

Required Team Fees: Upon joining the CRI Marathon Team, each runner will pay a non-refundable, non-transferable \$100 team fee by credit card, which is applied toward training supplies and clothing. This amount is due to CRI by Friday, November 15, 2019 and will secure the runner's spot on the team.

Cancellation Policy: You may cancel your participation with Team CRI for the Boston Marathon®, waiving your responsibility for the \$7,500 minimum, any time on or before Friday, December 20, 2019. To do so you must contact the Community Rowing, Inc. Development Office, in writing, on or before the cancellation date. After December 20, 2019, you are responsible for raising the \$7,500 minimum, even if for any reason, including injury, you are unable to run in the 2020 Boston Marathon®.

Authorization for Filming/Recording/Interviewing for Fundraising, Public Affairs & Marketing Activities

I agree to be filmed, photographed, videotaped, and/or interviewed relative to my or my child's care and treatment at Community Rowing, Inc. Specifically, I give permission to be filmed, videotaped, photographed and/or interviewed for the following purpose: **Team Community Rowing for the Boston Marathon 2020**

The films, videotapes, photographs and/or interviews are hereafter referred to as the "Product".

I give my consent to allow my name to be used and my identity to be known in the Product.

I understand that I have the right to request cessation of recording or filming at any time and the right to rescind consent upon notice to Community Rowing, Inc. for use of the Product up until a reasonable time before the Product is used.

I have been informed that any films, videotapes, photographs and/or interviews relative to this consent shall not be considered part of my medical record. Such films, video tapes, photographs and/or interviews are the property of Community Rowing, Inc. and may be destroyed at any time at the discretion of Community Rowing, Inc.

I understand that the Product may be generated in conjunction with the news media and /or may be distributed to the news media. I further understand that the Product may be edited as deemed appropriate. In addition, I understand that the Product may be used for publicity and/or informational purposes by Community Rowing, Inc. as Community Rowing, Inc. deems appropriate. I understand that once material is provided to media outlets, Community Rowing, Inc. can no longer control its distribution.

I am aware that I will not receive any financial compensation relative to the Product or its use.

I understand that whether I agree to participate or decide not to participate in the Product, the decision will in no way affect the care or treatment provided to me by the physicians or staff of Community Rowing, Inc.

I hereby release and discharge Community Rowing, Inc., its affiliates and its and their employees, medical staff, directors, officers, agents, successors, assigns, heirs, executors and licensees from any and all claims and demands arising out of or in connection with the use of the Product in accordance with the terms of this Consent, including but not limited to any claims for defamation, invasion of privacy or infringement of copyrights or moral rights.

I certify that I am of legal age and have read and understand the contents of this Consent.

Name of person: _____

Date: _____ Signature: _____

****FOR COMMUNITY ROWING, INC. OFFICE USE ONLY****

Name of witness: _____ Date: _____

Signature: _____

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 Community Rowing, Inc., 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. 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 \$7,500, which will go towards supporting Community Rowing's mission of providing exceptional patient care to all in our community, by Friday, May 8, 2020. If I have not reached the minimum in fundraising by that date, I will personally be responsible for the balance owed. I understand that unless I cancel in writing by December 20, 2019, Community Rowing, Inc. 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 representation of Community Rowing, Inc.

Allergies to medications: _____

Other Pertinent Medical Information: _____

Signature: _____

Name (printed): _____

Emergency Contact

The following person should be contacted in the event of an emergency:

Name: _____ **Relationship:** _____

Telephone Number: _____

Allergies to medications: _____

Other Pertinent Medical Information: _____

Credit Card Authorization Form

Name (printed): _____

Address: _____

City: _____ State: _____ Zip: _____

Credit Card Information:

Credit Card Type (circle one): Visa Mastercard Discover American Express

Card Number: _____ Exp: _____

CVC Number: _____

Name as it appears on card: _____

By signing below, you are agreeing to the Terms and Conditions set forth by Community Rowing as a member of Team CRI. You are accepting that Community Rowing, Inc. will charge your credit card upon acceptance for the \$100 Team Fee. You are agreeing that if \$3,000 is not raised by Friday, January 31, 2020, Community Rowing, Inc. will charge the remaining balance to the above card before allowing you to register for the 2019 Boston Marathon. You are agreeing that if \$7,500 is not raised by Friday, May 8, 2020 Community Rowing, Inc. will charge the remaining balance to the above card.

Signature: _____ **Date:** _____