

**Massachusetts Military Heroes Fund (MMHF)  
 2016 Boston Marathon Charity Program Runner Application**

All pages of the application must be completed and returned by **October 24, 2016**.

Send completed applications to:

**By mail:**

Massachusetts Military Heroes Fund  
 Charity Program Runner Application  
 727 Atlantic Avenue, Third Floor  
 Boston, MA 02111

**By Fax:**

(617) 542-0547

**By Email:**

info@massmilitaryheroes.org

Please type, or print clearly:

Last Name:		First Name:	
Address:			
City:	State:	Zip:	
Home Phone:	Cell Phone:		
Employer:	Title:		
Work Address:			
City:	State:	Zip:	
Work Phone:	Fax:		
Email Address:			
Does your company have a matching gifts program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
I would like to be contacted at: <input type="checkbox"/> Home <input type="checkbox"/> Work			

<p><b>Fundraising Experience</b></p> <p>Have you participated in a marathon/road race charity program before?</p> <p>_____ Yes      _____ No</p>
<p>If yes, for which charity and how much money did you raise?</p> <p>Charity Name: _____ Amount raised: \$ _____</p>
<p>What is your fundraising goal for MMHF? We offer a number of fundraising levels.  <b>A minimum fundraising pledge of \$7,500 is required to run on behalf of MMHF.</b></p> <p>Please indicate the fundraising level group you are applying for:</p> <p style="text-align: center;">       _____ \$7,500 - \$10,000      _____ \$15,001 - \$20,000        _____ \$10,001 - \$15,000      _____ \$20,001 +     </p>
<p>What are your ideas for raising these funds?</p>  
<p>Please answer the following questions so that we can get to know you a little bit better.</p> <p>How did you learn about Massachusetts Military Heroes Fund?</p>  

What other community organizations are you involved with?
What has been your experience, if any, fundraising for these organizations in the past?
Please describe why you would like to run for the Massachusetts Military Heroes Fund. Be sure to mention any personal connection to a member of our military fallen in service to our country.
How do you see yourself becoming involved with Massachusetts Military Heroes Fund after the Marathon?

## Massachusetts Military Heroes Fund Terms and Conditions for the 2017 Boston Marathon Charity Program

Please read the following carefully before signing below.

**B.A.A. Registration.** Massachusetts Military Heroes Fund (MMHF) will inform you of the details of the B.A.A. Registration after your application is accepted. The B.A.A. charges a \$355 race application fee that does not count towards your fundraising commitment. This fee will be collected separately at a later date if you are not a pre-qualified runner. You should not contact the B.A.A. directly to secure your number.

**Code of Conduct:** As a runner on behalf of the Massachusetts Military Heroes Fund member, you become an ambassador of our organization. We expect your actions and remarks while acting as an ambassador of Massachusetts Military Heroes Fund will remain positive, apolitical and supportive of our service members and their families.

**Fundraising Commitment:** A minimum donation of \$7,500 is required to receive an individual entry as a Charity Program Runner for the 2017 Boston Marathon on behalf of the Massachusetts Military Heroes Fund. A non-refundable deposit of \$100 will be charged to your credit card once you have been accepted onto the team, verifying your acceptance (note, we cannot accept debit cards). **This deposit is called the “MMHF Team Fee”.** The MMHF Team Fee of \$100 will be applied toward your fundraising minimum and holds a Boston Marathon number in your name until February 1, 2017. **On February 1, 2017, \$3,750 of your fundraising minimum is due. On May 1, 2017, the balance of your fundraising minimum, an additional \$3,750 is due. If, on either of those dates, the required amounts are not received and prior arrangements have not been made, then the Massachusetts Military Heroes Fund reserves the right to charge these minimum amounts due to your credit card on February 1, 2017 and again on May 1, 2017.**

Pre-qualified runners who have already entered the Boston Marathon are also welcome to run on behalf of MMHF if they are able to meet the minimum fundraising commitment.

Valid credit card information must be included with your application to apply as a runner on behalf of Massachusetts Military Heroes Fund. Master Card, Visa, American Express and Discover are accepted. Debit cards are not accepted.

**Cancellation Policy:** The MMHF Charity Program Runner is responsible to raise the \$7,500 minimum even if, for any reason, including injury, the Runner is unable to run in the Marathon. The Fundraising Commitment described in the paragraph above will still apply and the Massachusetts Military Heroes Fund reserves the right to charge your credit card as noted. All donations raised and received by MMHF will not be refunded.

**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. Many companies issue matching gift checks quarterly or semi-annually; therefore, if you plan to use a match to reach your minimum, it is your responsibility to contact the matching company to ensure the check will be issued before May 1, 2017. If the company's match cycle is past May 1, 2017, Massachusetts Military Heroes Fund reserves the right to exclude the company match from your minimum fundraising commitment.

**Release Form and Contribution Agreement:** In consideration of my accepting this entry, I hereby for myself, my heir, executors and administrators, waive and release any and all rights for claims and damages I may have against Massachusetts Military Heroes Fund, 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 also certify that I will be able to complete the entire 26.2 B.A.A. Boston Marathon Course within six hours.

I also grant permission for use of my name, photograph and/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 \$3,750 by February 1, 2017 and the balance of my fundraising minimum of an additional \$3,750 by May 1, 2017. If I have not reached the minimum in sponsorships by those dates, I understand I may be personally responsible for the balance owed. I understand that Massachusetts Military Heroes Fund reserves the right to charge any balance I owe toward the minimum fundraising amount of \$7,500 to my credit card on May 1, 2017.** 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 Massachusetts Military Heroes Fund.

Upon acceptance of a spot on the MMHF Charity Program Runner team, I will complete separate Payment Agreement and a Credit Card Authorization Form as provided to me by Massachusetts Military Heroes Fund. This Payment Agreement and Credit Card Authorization Form will provide Massachusetts Military Heroes Fund with **credit card** information (ATM/Debit cards **are not accepted**), valid through September 2017, to: 1) guarantee the basic commitment of \$7,500; 2) pay the MMHF team fee of \$100; and 3) pay B.A.A. race entry and other fees (if the B.A.A. race entry and other fees apply to me). I understand that all MMHF team members, regardless of race entry source, agree to the basic commitment and to the credit card guarantee of the basic commitment.

**Medical Release and Emergency Contacts.** In the event of 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 Massachusetts Military Heroes Fund to contact the people I list below and provide them information about my medical care. I agree that I am responsible for arranging any medical care that should become necessary as a result of my participation in the Boston Marathon (including training and planning sessions), and I agree that I am 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.

My Allergies to Medications: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

Landline Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

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

Landline Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Allergies to Medications: \_\_\_\_\_

Email: \_\_\_\_\_

**I have read the above application in its entirety, including the Terms and Conditions and the above Release Form and Contribution Agreement. I understand and agree with all the terms and conditions.**

Runner Applicant's Signature: \_\_\_\_\_

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