

**Make-A-Wish® Massachusetts and Rhode Island**

One Bulfinch Place, 2<sup>nd</sup> Floor

Boston, MA 02114

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**2018 Boston Marathon Application  
Team Make-A-Wish® Massachusetts and Rhode Island**

Make-A-Wish® Massachusetts and Rhode Island is seeking applicants for Team Make-A-Wish who have a passion for running and a commitment to supporting the Make-A-Wish® Massachusetts and Rhode Island mission: to grant the wishes for children with life-threatening medical condition to enrich the human experience with hope, strength, and joy. Four bibs have been provided to Make-A-Wish Massachusetts and Rhode Island for the 2018 B.A.A. Boston Marathon. A qualifying time is not required for participation but applicants must be able to complete a marathon within six hours. Each runner will agree to a fundraising commitment of \$10,000 through his/her own individual fundraising efforts to participate (per John Hancock Non-Profit Program rules). **Funds raised by each team member will sponsor the wish of a local wish child.**

All pages of this application must be completed. Selections will be made until all spots are filled on the team. Completion of this application does not guarantee you a spot on Team Make-A-Wish. You will be informed if you have been accepted on the team on a rolling basis. Please use additional pages, if necessary, to expand on questions.

**Applications can be e-mailed to:** [kkogol@massri.wish.org](mailto:kkogol@massri.wish.org)

**Or mailed to:** Make-A-Wish Massachusetts and Rhode Island

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Boston, MA 02114

**Personal Information**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Gender  Male  Female Date of Birth (MM/DD/YY): \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address \_\_\_\_\_

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

Preferred Email Address \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

Employer \_\_\_\_\_

Job Title \_\_\_\_\_

Work Address \_\_\_\_\_

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

**Application Type**

- I need a number from Make-A-Wish Massachusetts and Rhode Island
- I have secured an official entry from another source but want to join Team Make-A-Wish

Please specify: \_\_\_\_\_

- I am B.A.A. Qualified and have secured an official entry through the B.A.A. Please specify below:

Race: \_\_\_\_\_ Date \_\_\_\_\_ Qualifying Time \_\_\_\_\_

Are you mobility impaired or visually impaired participant?  Yes  No

**Fundraising**

My personal fundraising goal for Team Make-A-Wish Massachusetts and Rhode Island 2018\*:

\_\_\_\_\_  
\*With the required fundraising commitment set at \$10,000 our team goal is f \$40,000 or more. This is a fundraising event, higher goals will be prioritized. Aim high and you will be amazed at what you can achieve! Should you be accepted to the team, you are required to make a CrowdRise fundraising page on CrowdRise.com (instructions will be given to you).

My company plans to support Make-A-Wish Massachusetts and Rhode Island:

Please note: matching gifts do not count towards your minimum fundraising.

- Yes, my company participates in a matching gift program
- Yes, my company plans to support Team Make-A-Wish Massachusetts and Rhode Island through a corporate sponsorship
- No, my company does not plan to support my participation with Make-A-Wish Massachusetts and Rhode Island

Have you participated in a road race charity program before?  Yes  No

If yes, what is the most recent charity for which you raised funds and how much did you raise?

\_\_\_\_\_  
I plan to raise funds for Make-A-Wish Massachusetts and Rhode Island through the following methods:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of potential donors I will contact? \_\_\_\_\_

Potential donors (describe in detail):

\_\_\_\_\_

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Primary appeal to potential donors (what will you say to them)?

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My other (athletic and non-athletic) charity participation and fundraising results:

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**My Motivation**

I heard about Team Make-A-Wish Massachusetts and Rhode Island from:

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My personal experience with Make-A-Wish Massachusetts and Rhode Island (volunteer/friend/family member/employee/board member/etc.) You have my authorization to use this information for media, promotions, etc.

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I would like to run in honor of someone and want to share something about them:

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I would like to run for Make-A-Wish Massachusetts and Rhode Island because:



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My unisex shirt Size:  X-Small  Small  Medium  Large  X-Large

My Team Make-A-Wish Massachusetts and Rhode Island singlet size:

- |  |  |
|--|--|
| <input type="checkbox"/> Men's Small   | <input type="checkbox"/> Women's Small   |
| <input type="checkbox"/> Men's Medium  | <input type="checkbox"/> Women's Medium  |
| <input type="checkbox"/> Men's Large   | <input type="checkbox"/> Women's Large   |
| <input type="checkbox"/> Men's X-Large | <input type="checkbox"/> Women's X-Large |

### Terms and Conditions

*Please initial after each paragraph to acknowledge that you've read and understand the Terms and Conditions. Applications that are incomplete will not be reviewed.*

**I agree to the \$10,000 fundraising commitment for Make-A-Wish Massachusetts and Rhode Island by Sunday, April 30, 2017.** If I have not reached the amount in donations by that date, I will personally be responsible for the balance owed. I fully understand that unless I cancel by January 1, 2018, Make-A-Wish Massachusetts and Rhode Island reserves the right to charge the balance I owe to my credit card. In the situation of a runner who defaults on this agreement and their credit card is not valid for any reason, Make-A-Wish Massachusetts and Rhode Island reserves the right to pursue collection of the debt and the runner will be responsible for any and all legal fees incurred by Make-A-Wish Massachusetts and Rhode Island with this collection process. All online fundraising must be conducted using only the platform provided by Make-A-Wish Massachusetts and Rhode Island. Offline donations will only be counted toward the fundraising minimum when the funds are received by Make-A-Wish Massachusetts and Rhode Island. You are responsible for submitting all offline donations to Make-A-Wish Massachusetts and Rhode Island. Funds raised by one Team Make-A-Wish runner cannot be credited to another Team Make-A-Wish runner's minimum requirement. \_\_\_\_\_ (initial)

**Cancellation Policy:** You may decline or cancel your participation with Team Make-A-Wish, waiving your responsibility for the \$10,000 minimum, within 48 hours of being offered a spot on our team. To decline or cancel, you must contact the Team Make-A-Wish Manager at Make-A-Wish Massachusetts and Rhode Island in writing within the required time period. If unforeseen circumstances occur and you wish to cancel your participation between the time you accept and January 1, 2018, Make-A-Wish Massachusetts and Rhode Island will make every effort to find a replacement from our waiting list. If Make-A-Wish Massachusetts and Rhode Island is unable to secure a suitable placement, you are responsible for fulfilling the \$10,000 fundraising minimum. No replacements can be made after January 1, 2018, if for any reason, including injury, you are unable to run in the 122<sup>nd</sup> B.A.A. Boston Marathon. If you cancel participation after this date, your credit card will be charged the balance of your fundraising commitment. No donations accepted by our office will be refunded. \_\_\_\_\_ (initial)

**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 employer has matching gifts. Matching gifts do not apply to the fundraising minimum but are considered over and above the minimum. It is your responsibility to contact the company to provide all matching gift information and ensure that the gift is processed. \_\_\_\_\_ (initial)

**Registration:** You will receive your race registration after your application is accepted by Team Make-A-Wish. The Boston Athletic Association charges a \$360 race application fee that is the sole responsibility of the team member. This fee does not count toward your fundraising commitment. The registration fee will be collected separately and specific instructions will be provided when registration links become available in December 2017. All Boston Marathon® registrations will go directly through Make-A-Wish Massachusetts and Rhode Island. \_\_\_\_\_ (*initial*)

**Social Media Agreement:** All runners selected to be a member of Team Make-A-Wish agree to actively participate in “Giving Tuesday” on November 28, 2017 on social media platforms in order to promote their fundraising efforts. Furthermore, runners must post social media posts regularly, including training updates, photos, and donation asks. Runners are required to submit posts for review and approval of Make-A-Wish Massachusetts and Rhode Island prior to posting. Runners must always include their CrowdRise link in posts.

**Release Form and Contribution Agreement:** In consideration of my accepting this entry, I hereby for myself, my heirs, executors, and administrator, waive and release any and all rights for claims and damages I may have against Make-A-Wish Massachusetts and Rhode Island and its employees, volunteers, officers, consultants, coaches, and product sponsors for any and all injuries suffered or sustained by me in said event and in the training and planning sessions for said event or travel to and 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 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. \_\_\_\_\_ (*initial*)

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 Make-A-Wish Massachusetts and Rhode Island to secure from an 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, medication treatment, and hospitalization. \_\_\_\_\_ (*initial*)

I declare that I have exercised my own judgment in signing this agreement and I further declare that the decision to sign this agreement is my own.

**I agree to these Terms and Conditions. Signature:** \_\_\_\_\_

#### Emergency Contact (person listed cannot be running)

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

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

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Allergies to medications: \_\_\_\_\_

#### Photograph

Please include a high-resolution photograph of yourself that may be used in organizational communications and social media posts leading up to the race and post-race. Photo(s) can be emailed to Kimmie Kogol at [kkogol@massri.wish.org](mailto:kkogol@massri.wish.org).