



Team Ann's Hope - Milwaukee Lakefront Marathon, October 7th, 2012

Name: _____

Address: _____

Phone: _____ Cell Phone: _____

Date of Birth: _____ Male or Female

Have you run a marathon before? Yes No

If yes, what is your predicted finishing time? _____

If no, are you currently running regularly? Yes No

Milage per week? _____

Would you like to participate in group runs? Yes No

What would be your preferred long run day?

Fridays

Saturdays

Sundays

What side of town would be most convenient for you for group runs?

Brookfield

Westside

Eastside

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Ann's Hope Foundation is so grateful for your commitment to fundraise for melanoma cancer and to help us educate the community about the dangers of melanoma . First, we ask you to commit to train for and participate in the Milwaukee Lakefront Marathon. We ask you to honor a cancer patient on whose behalf you will be competing. We also ask you to participate in program-related and organizational activities held at the site of your event. This may include, for example, participation in media events. As a member of the Team, it is our expectation that you will conduct yourself in a professional manner at all times.

As a member of Team Ann's Hope, you will receive no compensation from Ann's Hope Foundation, Inc. In fact, you will be asked to raise funds for melanoma cancer research and to help defray the costs of the training program and fees. The Team Ann's Hope - Lakefront Marathon Event has a fundraising minimum connected with it of \$1,000. If you raise the minimum level of funds for that event, you will be eligible to have your expenses of participating in the event paid by Ann's Hope Foundation.

In light of this, we take your commitment to raise the fundraising minimum seriously. We want all members of Team Ann's Hope to be successful in raising at least the minimum and have structured the program to provide the support to help you reach your fundraising goal.

Event Participation: During your training, you should become familiar with the event participation rules. Ann's Hope Foundation is committed to having all members participate in events in a fair manner. This means that at no time should you alter the event course itself or intentionally disobey any rules that the event has in place. Doing so could jeopardize our future participation in such events and disqualify you and/or your results for that event.

FUNDRAISING MINIMUMS - Below is the required fundraising minimums for Team Ann's Hope. This minimum is set to ensure we keep our program costs low, maintaining our credibility to all of our donors and most importantly, maximizing the funds we are able to invest in our mission to find cure and treatment options for melanoma cancer patients and improve the quality of life of patients and their families.

What if I don't make the minimum? - While we understand that this may be the most money you have ever attempted to raise, and you may feel unsure about whether you will be able to do it, we have found that if you follow the recommended guidelines and use the materials provided, you will be successful.

On your Recommitment Date, we will ask you to submit a "Recommitment Form", confirming your commitment to the team and to raising the fundraising minimum set for your event. At this time (if you have not already turned in the minimum) we will ask you to secure your position on the team with a credit card or check, acknowledging that you will donate the difference between what you have raised and the minimum, if you have not raised the minimum by the final deadline. Should you decide not to recommit, you will need to drop off of the team at that time.

Expense reimbursement policies - It is Ann's Hope Foundation's policy NOT to: a) Incur meal, lodging or travel expenses that are "lavish or extravagant" or b) Pay the traveling expenses of spouses or other traveling companions.

I have read and understand the above. I hereby commit to being a Team Ann's Hope Marathon member, and to meet the expectations set forth above. I acknowledge that I am participating in Team Ann's Hope solely to support the mission of Ann's Hope Foundation, without any expectation of monetary benefit from my participation in Team Ann's Hope. I also acknowledge that as a Team member I will be engaging in fundraising activities on behalf of and as agent of Ann's Hope Foundation, and that any

funds raised or held pursuant to such activities are the property of Ann's Hope Foundation. I also understand that my Team Ann's Hope coach or staff may suggest that I not continue in the training for reasons including, but not limited, to my ability to reasonably succeed in my selected event.

I intend to be legally bound, understand and agree that I am voluntarily participating in The Team Ann's Hope and Ann's Hope Foundation for Melanoma Cancer and all of its activities including, but not limited to, training for and participating in the Milwaukee Lakefront Marathon at my own request and at my own risk. I acknowledge that I am aware of the risks inherent in training for and participating in the program and certify that I am physically fit, have not been otherwise informed by any physician and know of no restrictions imposed on me by any physician that would in any way prevent me from actively participating in The Lakefront Marathon. In consideration of Ann's Hope Foundations sponsorship of this The Lakefront Marathon and my being permitted to participate in The Lakefront Marathon, I, on behalf of myself, my successors in interest, heirs, assigns, and representatives, hereby fully release and hold harmless Ann's Hope Foundation, Inc. and their Officers, Trustees, agents, employees, volunteers, any medical providers working for or on behalf of the event, and representatives, successors, and assigns (be they individuals or organizations), together with their insurers and sponsors (collectively, "Ann's Hope Foundation"), of and from any and all liability, claims, damages, actions and causes of action whatsoever on account of any loss, damage or injury to person (including death) or any other loss or inconvenience whatsoever, suffered by me at any time hereafter arising out of my voluntary participation in this Program, whether resulting from the Ann's Hope Foundation's negligence or otherwise (collectively, "Liabilities").

I also give permission to the Ann's Hope Foundation to freely use my name, picture and voice in any broadcast, telecast, print account, or any other account in any medium of this event (the "Personal Release"). I understand that this Personal Release is perpetual in time and that it encompasses, without limitation, any copyright or right of publicity or privacy that I may have in my name, picture and voice.

Consent and Information Release ("Consent"): I hereby grant permission to Ann's Hope Foundation to render preventative or first-aid assistance or seek treatment or medical care that it seems reasonably necessary, including hospitalization, for my health and well being. I also give permission to Ann's Hope Foundation to use and disclose my personal health information ("PHI") in the ways described in this form. I allow Ann's Hope Foundation to give out my PHI to doctors, hospitals, ambulance companies, coaches, family members, and others involved in my care and treatment. My PHI may also be used and given out as necessary to run the Event or as necessary for the proper management and administration of Ann's Hope Foundation. The Ann's Hope Foundation affirms that PHI will not be used for purposes unrelated to the participant's health care. Ann's Hope Foundation will employ all reasonable measures to safeguard and maintain the confidentiality of PHI in its possession. This Release and Consent will be governed by and subject to the laws (except the choice of law principles) and exclusive jurisdiction of the courts of the State of New Wisconsin.

By signing below, I allow physicians, hospitals, ambulance companies, or any other health care provider ("Providers") to give out any and all medical information concerning the Participant. The Providers can give the information to coaches, staff, and volunteers working for or with Ann's Hope Foundation. This information includes oral or written medical information that related to or affects participation in activities, programs or events affiliated with or sponsored by Ann's Hope Foundation Programs. This information will be used in connection with Ann's Hope Foundation Programs. This information may include, but is not limited to, all information within a Provider's knowledge. It includes information found in any records under his or her control or supervision concerning the Participant's physical condition, illness, and/or injuries. This information may be used or given out by Ann's Hope Foundation as necessary to run the programs. This includes, but is not limited to, uses and disclosures to the Participant's friends or family, coaches, Ann's Hope Foundation s insurers, or other persons or entities involved in the Ann's Hope Foundation Programs.

This form expires one year after the last date the Participant is involved in any Ann's Hope Foundation Program.



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Fundraising Minimum: \$1,000

Event: Milwaukee Lakefront Marathon

Date: October 7th, 2012

Recommitment Date: August 10th, 2012

Final Fund Date: September 22nd, 2012

___ I am at least 18 years of age and agree to the legal terms.

Signature: _____

Registration fee amount: \$50 (this goes towards your fundraising minimum)

Personal Donation: _____ (jump start your fundraising with a donation to yourself!)

TOTAL DUE at registration: \$50