

## **TEAM TSF - COMMITMENT CONFIRMATION FORM**

| Turner<br>Syndrome   | Event:   |   |  |  |   |  |   |
|--|--|---|--|--|---|--|---|
| Foundation   | Location:  |   |  | 1 1  |   | _  |   |
|  | Date:  |   |  |  |   |  |   |
| raise funds to hel<br>understand that T<br>upon a participar<br>marathon or relay<br>Furthermore, I un | p TSF in their imports has limited spant's ability to meet to by, \$150 mini. I also also the thin the | ortant work. I veces available for the minimum further that the condensation of the following manner that the condensation of | would like for this event<br>ndraising ro<br>at those fundinimum rec   | rSF to<br>, and t<br>equired<br>ds are<br>quirem | register hat those ment of \$ vital in sent is no | me for the e spaces are \$500 marath supporting to the timet, I will | above race and I<br>awarded based<br>non, \$350 half<br>ISF's mission.<br>I be personally |
| Participant  |  |   | DOD (  | ,  |   |  | <b>.</b>  |
| Name:  |  |   | DOB: (   | /  | / ) _   | Male _   | Female  |
| Address:   |  |   | _City:   |  |   | ST   | Zip   |
|  |  |   | _ Tele#:   |  |   |  |   |
| I would like to be Marathon  | e registered for the Half Maratho  | :<br>on Relay_  | Mini N   | 1arath   | on(   | Other:   |   |
| Emergency Cont   | act:   |   | Relation:  |  | T   | ele:   |   |
| the registration<br>TSF t-shirt and<br>personal fundra   | orize TSF to char<br>fee will be paid for<br>wristband. This f<br>ising page. I agree<br>MASTER CARD   | r by Turner Sy<br>ee will be appl<br>e to promote av  | ndrome For ied to my for the wareness and the second secon | ounda<br>undra<br>nd sup                         | tion and ising mi                                 | l I will rece<br>nimum an  | eive a FREE Tean<br>d appear on my  |
| Name:  |  |   |  |  |   |  |   |
| Address:   |  |   |  |  |   |  |   |
| City/State/Zip:  |  |   |  |  |   |  |   |
| Credit Card Numb   | er:  |   |  |  |   |  |   |
| Card Verification  | Number:  | Expiration D  | ate:   |  |   |  |   |
| Signature:   |  | D   | ate:   |  | _   |  |   |
| I know that participati  | ng in the Marathon or of   |   | VER  | gerous   | activity. I s                                     | hould not ente   | er and participate unless   |

I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the Marathon. I assume all risks associated with the Marathon including, but not limited to, falls, contact with other participants, the effect of the weather, including extreme heat, extreme cold, and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of accepting my application, I, for myself and anyone entitled to act on my behalf, waive and release Turner Syndrome Foundation, Inc. from all claims and liabilities of any kind arising out of my participation in the Marathon even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

| Signature (Parent Signature):           | Date: |  |
|---|-------|--|
| • |       |  |







Official Use Only

|  |             |            |            |          |           |          |            | CC       | )N           | IP        | LE  | U         |          | Λ            |              | R        | E I       | -0       | R            | M            |                |         |                       |   |                   |           |             |            |             |
|--|-------------|------------|------------|----------|-----------|----------|------------|----------|--------------|-----------|---|-----------|----------|--------------|--------------|----------|-----------|----------|--------------|--------------|----------------|---------|-----------------------|---|-------------------|-----------|-------------|------------|-------------|
| Race:_   |             |            |            |          |           |          |            |          |              |           |   |           |          | _ [          | Dа           | te       | :         |          |              |              |                |         |                       |   |                   |           |             |            |             |
| PLEASE PRI   | NT NE       | ATLY       | ' USI      | NG       | CAF       | PITA     | L LE       | TTE      | RS. F        | РНО       | тос   | OPII      | ES A     | RE A         | ACC          | EPT      | ED (      | DO I     | NOT          | ALT          | ER :           | SIZE    | ). O                  | NE  | ENT               | RY F      | PER F       | ORM        | PLEA        |
| NAME (FIRS   | ST)         |            | /2/2       |          | 7600      |          | 9590       | 500      | (LA          | AST)      | 1   | 55        | -        |              |              | 21       | 12        | 27       | 5.0          |              |                | -       |                       |   |                   |           |             | 620        | -           |
|  |             |            |            |          |           | _L       | _ L        | _ L      | _ L          | L         | _ L   |           | Ļ        | L            |              | _ L      | _ L       | _ L      | _L           | _ L          | _ L            | _ L     | _ L                   |   |                   |           | L L         | L          | _ L         |
| ADDRESS  | 1 1         |            |            |          | 1         | Ī        | 1          | Ĩ        |              | ľ         | 1   |           | Ī        | Ī            | Ī            |          |           | Ī        |              | Ĭ            | 1              | 1       | Ī                     | ĺ   | APT.              | #/SU      | ITE         |            |             |
| CITY   |             |            |            |          |           |          |            |          |              |           |   |           |          |              |              |          |           |          |              | ST           | ATE            |         |                       | ZIP   | or P              | OST       | AL CO       | ODE        |             |
|  |             |            | 1          |          |           |          |            | 1        |              |           |   |           | Ĭ        |              |              |          |           |          |              |              |                |         |                       | 1   |                   |           |             |            |             |
| COUNTRY  |             |            |            |          |           |          |            |          |              |           | PH  | IONI      | E        | _            |              |          |           |          |              |              |                |         |                       | _   |                   | _         |             |            |             |
| LLL  |             |            |            |          |           |          |            |          |              |           |   |           |          |              |              |          |           |          |              |              |                |         |                       |   |                   |           |             |            |             |
| EMAIL ADD  | RESS        |            |            |          |           |          |            |          |              |           |   |           |          |              |              |          |           |          |              |              |                |         |                       |   |                   |           |             |            |             |
|  |             |            |            |          |           |          |            | _ Ĺ      |              |           |   |           |          | Ĺ            |              |          |           |          |              |              |                |         |                       |   |                   |           | L l         | L          |             |
| M F  | BIRT        | TH DA      | TE*        |          |           |          | *Mir       | nimu     | m ag         | e is 1    | 18 for  | FULI      | L MA     | RATH         | IONS         |          | EST       | IM/      | ATED         | FIN          | IISH           | ING     | TIM                   | E "   | Dm                | D D       | 2505        |            |             |
|  |             |            |            |          |           | _        | *Mir       | nimu     | m ag         | e is 1    | 2 for   | 1/2       | VIAR     | ATHO         | INS          |          |           |          |              |              |                |         |                       |   |                   |           |             | s:         |             |
|  | IVI         | IVI I      | ם כ        | Y        | . ¥       | _        | *Age       | e divi   | isions       | s cal     | culat   | ed by     | y birt   | h dat        | te           |          | Hr.       |          | IVIi         | n.           |                |         |                       | π   | Oti               | IEI       | Nace        | .s         |             |
|  |             | R          | EL         | FΔ       | 15        | F        | R          | IA       | ΙΔ           | IV        | F   | 2 (       | )F       | T            | Δ            | RI       |           | T١       | / /          | G            | R              | FF      | .N                    | 1E  | N                 | 7         |             |            |             |
| LUL BURTINISH LITE   |             | 1000000    | 1000       | 100      |           | 30       |            |          | 10002 100 20 | 200 10000 | 44 ( 4)))))))) |           |          | -111-12-2010 | Carlotte and | 0.00     |           |          |              | Market       | and the second | 2.0072  | Contract Constitution | Maria de Caración | A11 10 - 10 10 10 |           |             |            |             |
| ALL PARTICIPANTS<br>EQUIRED, AS A CON<br>IN THE EVENT. PLE | NDITION (   | OF PART    | CIPATION   | ON IN    | SUCH      | EVEN'    | T, TO A    | SSUME    | E ALL R      | ISKS C    | OF PAR  | TICIPA    | TION E   | BY SIGN      | VING B       | ELOW     | . THIS    | AGRE     | <b>EMENT</b> | <b>TAFFE</b> | CTS Y          | OUR LI  | EGAL F                | RIGHT   | STOF              | RECOVI    | ERY SHO     | OULD YO    | DU BE INJ   |
| aives, and discharges<br>dividuals related to th           | s Competi   | tor Group  | , the cit  | y(ies),  | county    | and st   | ate hos    | ting the | Event,       | USATI     | F, all m  | nunicipa  | l agend  | ies who      | ose pro      | perty a  | nd/or pe  | ersonn   | el are u     | ised or      | in any         | way as  | sist the              | Even  | t, all sp         | oonsorir  | ng or co-s  | sponsorir  | ng compar   |
| assigns, heirs, execu<br>nerwise, in connection            | utors, and  | successo   | ors for lo | ss(es),  | damag     | ge(s) a  | nd clain   | ns there | efor on a    | accoun    | t of inju   | ry to At  | hlete or | his/her      | proper       | ty or th | ne result | tant de  | ath of A     | Athlete,     | wheth          | er caus | ed by t               | the act   | ive or p          | assive    | negligen    | ce of the  | Releasees   |
| elects to voluntarily physical condition a                 | participate | . Athlete  | hereby     | assume   | es all ri | sks of   | loss(es    | ), dama  | age(s), c    | or injury | (ies) th  | at may    | be sust  | tained b     | y him/h      | ner whi  | le partic | cipating | in the       | Event.       | Athlete        | repres  | ents ar               | nd war  | rants to          | the Re    | eleasees    | that he/s  | he is in go |
| promotional purposes<br>in-transferable. Athle             | s) without  | compensa   | ation, an  | d herel  | by waiv   | es and   | d releas   | es any   | claim o      | r right A | Athlete   | may oth   | nerwise  | have a       | rising o     | ut of si | uch use   | , public | cation o     | r distrib    | oution.        | Athlete | acknow                | wledge  | s that t          | the entr  | y fee pai   | d is non-r | refundable  |
| cancelled for any reas                                     | son, wheth  | ner or not | within th  | ne contr | rol of C  | ompet    | itor Gro   | up, the  | re shall     | be no i   | refund o  | of the er | ntry fee | or any       | other o      | osts of  | Athlete   | in con   | nection      | with th      | ne Ever        | nt. The | Athlete               | hereb   | y grant           | ts to the | Lewis G     | a. Mahara  | am, M.D., I |
| edical care and advice the eatment of Athlete. It          | ce of the E | vent med   | ical dire  | ctor(s)  | and the   | eir repr | esentat    | ives. If | Athlete'     | s medi    | cal con   | dition be | ecomes   | such th      | hat the      | Athlete  | e's ment  | tal cap  | acity is     | questic      | ned, th        | e Even  | nt medic              | cal dire  | ector(s)          | have th   | he right to | o recomn   | nend and i  |
| ysician and pharmace                                       |             |            | ervices.   | Athlete  | warra     | nts tha  | t all stat | tements  |              | herein    | are true  | e and co  | orrect a | nd unde      | erstand      | s that I | Release   | es hav   | e relied     | d on the     | em in al       | lowing  | Athlete               | e to pa   | rticipate         |           |             |            |             |

### SIGNATURE OF ATHLETE

#### DATE

Yes / No

### SIGNATURE OF PARENT IF UNDER 18

DATE

IF ATHLETE IS UNDER AGE 18 HIS/HER PARENT OR GUARDIAN MUST SIGN THIS RELEASE AND WAIVER AGREEMENT. Athlete's Parent or Guardian's signature above certifies that my son/daughter/ward has my permission to participate in the Event. Athlete's Parent/Guardian has read and understands the foregoing permission to participate in the Event. Athlete's Parent/Guardian has read and understands the foregoing RELEASE AND WAIVER OF LIABILITY AGREEMENT (above) and by signing intentionally and voluntarily agrees to its terms and conditions. Athlete's Parent/Guardian further certifies that my son/daughter/ward is in good physical condition and is able to safely participate in the Event. I hereby authorize medical treatment for him/her and grant access to my child's medical records as necessary and as stated above.

# T-SHIRT SIZE

Brooks Technical T-Shirt Size (circle one)

Mens: XS S M L XL XXL

Womens: S M L XL

How did you hear about this event?

Is this your first Marathon or 1/2 Marathon?

Wheelchair entrant? Yes / No









## **TEAM TSF - COMMITMENT CONFIRMATION FORM for**

| Turner<br>Syndrome<br>Foundation                          | Volunteers & Event:                  | Cheerleaders DATE:_                          |                         |                        |
|---|--------------------------------------|--|-------------------------|------------------------|
| Call to act I want to be a p                              |                                      | volunteer for this event. I (have or have no | ot) volunteered with    | TSF before.            |
| NAME:   |                                      | DOB: ( / / )                                 | SEX: M or F             |                        |
|   |                                      | CITY:  |                         |                        |
|   |                                      | EMAIL:                                       |                         |                        |
|   |                                      | TEL#   |                         |                        |
|   |                                      | OME:   |                         |                        |
| I CAN VO  | LUNTEER CHEEI                        | R HOST AN AWARENESS EVENT<br>OTHER:          | BAKE SALE               | FUNDRAISE              |
| I WOUL  | LD LIKE TO SETUP A                   | TEAM TSF PERSONAL FUNDRAISIN                 | NG PAGE                 |                        |
|   | er: Select T-shirt Si<br>each: Qty S | ize Adult S, M, L, XL, XXL Youth             | XS, M, L                |                        |
| Checks Paymondle All donations 726, Holmdel Credit Card P | should be made paya, NJ 07733        | able to the Turner Syndrome Foundat          | ion, Inc. Mailed to     | o: PO Box              |
| I author  | rize my credit card to b             | oe charged \$ today                          |                         |                        |
| VISA!   | MASTER CARD                          | AMERICAN EXPRESS DISCOVE                     | R                       |                        |
| Name:   |                                      |  |                         |                        |
| Address:  |                                      |  |                         |                        |
| City/State/Zip:   |                                      |  |                         |                        |
| Credit Card Nu  | mber:                                |  |                         |                        |
|   |                                      | Expiration Date:                             |                         |                        |
| Signature:  |                                      | Date:  |                         |                        |
| l longer that me et et                                    | inating in this arount is a nati     | WAIVER                                       | ad mantiainata unlaga l | one me allically al-1- |

I know that participating in this event is a potentially dangerous activity. I should not enter and participate unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the Marathon. I

assume all risks associated with the Marathon including, but not limited to, falls, contact with other participants, the effect of the weather, including extreme heat, extreme cold, and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of accepting my application, I, for

myself and anyone entitled to act on my behalf, waive and release Turner Syndrome Foundation, Inc. from all claims and liabilities of any kind arising out of my participation in the Marathon even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

| Signature (Parent Signature): | Date: |  |
|-------------------------------|-------|--|



## **MAIL OR FAX DONATION FORM**

THIS PRINTABLE FORM IS AVAILABLE FOR SPONSORS WANTING TO DONATE OFFLINE. FILL IN YOUR NAME IN THE BLANK SPACE PROVIDED TO MAKE SURE THAT YOUR SPONSOR'S DONATION IS APPLIED TO YOUR ONLINE FUNDRAISING PAGE.

## SUPPORT ME AS I PARTICIPATE IN THE Team TSF Turner Awareness Movement

| My contribution is sponsoring  |                        |                                |
|--|------------------------|--------------------------------|
| Event City:  | (Individual or Team TS | F Name)                        |
| Sponsor Message:   |                        |                                |
| Donation Amount \$  Make Checks Payable to Turner Sylverian (Please do not staple or tape checks to the checks |                        | c.                             |
| Cash Check # Visa  | a Master Card Am       | nExp Discover                  |
| Credit Card #  |                        |                                |
| Expiration Date://   | CVV#                   |                                |
| Signature  |                        | Date: <u>/</u>                 |
| Sponsor Name:  |                        |                                |
| Address  |                        |                                |
| City   |                        |                                |
| Home phone _(  | Work Phone (           | ) -                            |
| E-mail   | <u>@</u>               |                                |
| Corporate Matching Gift:   |                        | s of matching corporate donor. |

Mail this form and your check (please do not send cash) to:

Turner Syndrome Foundation, Inc. PO Box 726, Holmdel, NJ 07733

Send credit card donations by Fax to: TSF Fax #: 800-594-3862

Basic inquiries: Telephone 800-594-4585 or Email info@tsfusa.org

Due to the high volume of donations received both in the mail and on the day of the event, please allow 2-3 weeks from the date that the donation is received to post to your account.

Thank you for your kind and generous support!

Turner Syndrome Foundation, Inc. is a 501(c) (3) nonprofit organization EIN 27-1409942