

MASSACHUSETTS ASSOCIATION
for the
Blind and Visually Impaired

MARATHON TEAM
TEAM WITH A VISION

Application & Information - Invitational Waiver

Please fill out the entire application, including all of Part I, II, and III. We will consider only fully completed applications.

The Massachusetts Association for the Blind and Visually Impaired (MABVI) Marathon Team "Team With A Vision" will compete in the 119th Boston Marathon to raise awareness of the capabilities of individuals with disabilities and to raise money for MABVI's vision rehabilitation services, low vision clinics, support groups, and one-on-one volunteer matches that we provide for blind and visually impaired individuals across Massachusetts. MABVI has received invitational waivers for fundraising purposes to support the programs and services described herein.

MISSION STATEMENT

MABVI is dedicated to working with individuals with disabilities to eliminate barriers and create opportunities.

Founded as the Massachusetts Association for the Blind, MABVI is the oldest organization in the country that serves adults and elders who are blind or visually impaired. MABVI's vision rehabilitation services help people with low vision maximize their remaining sight and learn to use adaptive strategies for completing daily tasks.

APPLICATION PROCESS

Applications are now being accepted from runners who will be at least 18 years of age on April 20, 2015. Please complete the application and return it to:

Josh Warren
MAB Community Services
200 Ivy Street
Brookline, MA 02446

Or

jwarren@mabcommunity.org

Contact: Josh Warren
(617) 732-0241
jwarren@mabcommunity.org

MABVI Marathon Team members will receive a pre-approved Boston Marathon application, a training program, a schedule of Team runs and activities, race uniform and fundraising materials.

FUNDRAISING REQUIREMENTS

Runners using invitational waivers from MABVI must meet the minimum fundraising commitment of \$7,500 prior to June 1, 2015. You do have the option to charge any or all of this amount to your credit card. Additionally, runners will be responsible for a \$250 "Application Fee," which will be applied to their fundraising total and runners will be responsible for the BAA fees associated with their pre-approved race registration.

Please remember, \$7,500 is only a minimum. The dedication and energy of the Team With A Vision helps ensure that MABVI can provide quality programs and services to individuals with disabilities empowering them to participate fully in the community.

MABVI MARATHON TEAM Team With A Vision APPLICATION

PART I

Last Name	First Name	Initial
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Street Address

City	State	Zip Code
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Cell Phone Number _____ Evening Phone Number _____

Email _____

Date of Birth _____

Age on 4/20/15 _____

Emergency Contact	Relationship	Phone Number
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Are there special reasons for joining The Team With A Vision? _____

Short Bio (please include any information that you would like to share about yourself-
fun facts, children's names/ages, how/why you started running):

___ I am a former Team With A Vision member; # of Years (including this year): _____

Uniform Size (please circle) T-Shirt/Singlet: S M L XL Shorts: S M L XL

Number of Marathons completed _____ Best Previous Marathon Time _____ Year _____

___ I am a visually impaired runner and require a sighted guide, whom I would like
MAB Community Services to provide. Estimated marathon time: _____

___ I am a visually impaired runner and will provide my own sighted guide.

Guide's Name: _____

Address _____

Telephone _____ Email _____

___ I am a visually impaired runner and do not require a sighted guide.

PART II

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING

WAIVER: I agree to assume all risk and responsibility of damage or injury that may occur to me as a participant in this event. In consideration of your accepting this entry, I here-by for myself, my heirs, assigns, executors and administrators, release and discharge any and all sponsors of the Team With A Vision including, but not limited to, the Boston Athletic Association, MAB Community Services, the Commonwealth of Massachusetts, and all cities or towns in which the race is contested, their representatives, successors and assigns for any and all injuries suffered by me,

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including death, in said event. I further attest and certify that I am physically fit and have sufficiently trained for the distance I am running. I also grant permission for my name/photo to be used in any broadcast or print media, or any other review of this event. *I understand that I will be responsible for the standard cost associated with the BAA application.*

Runners representing MABVI as a Team With A Vision member will comply with terms and conditions set by the Boston Athletic Association including, but not restricted to the following: they will not begin the race prior to the official start time; they will not compete in a manner which, in the judgment of race officials, interferes with race operations or other participants; they will not reproduce or transfer their bib number or number card provided by the Boston Athletic Association; any conflicts will result in disqualification of the runner, and review of the organization's standing for participation in future charity programs.

ACCOUNTABILITY: MABVI and its Team With A Vision are participating in the Boston Marathon for fundraising purposes. This event plays a significant role in our ability to serve individuals who are blind or visually impaired throughout Massachusetts and the country, and each invitational waiver represents funds critical to our work. Once you have filled out and signed the Boston Marathon invitational waiver, it cannot be transferred to other runners or reproduced. Injury or other circumstances that might preclude you from participation in or completion of the 2015 Boston Marathon does not waive your \$7,500 fundraising commitment to MABVI. Therefore, in consideration of accepting an invitational waiver from MABVI, you agree to collect and/or donate a minimum of \$7,500 by June 1, 2015 and will be held responsible for the entire amount to participate in the Boston Marathon through MABVI's Team With A Vision. All funds collected through donations, sponsorships, matching gifts programs or through your own donations, will be allocated to MABVI.

I have read and understand the foregoing liability waiver and fundraising agreement

Signature: _____

PART III

Credit Card Usage: I acknowledge and understand that I am responsible for the full \$7,500 fundraising requirement and I allow the use of my credit card to be billed for the remaining balance if my fundraising minimum is not met by the deadline of June 1, 2015. MAB Community Services will keep credit card information strictly confidential.

VISA _____

MasterCard _____

AMEX _____

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Name as it appears on credit card: _____

Card # _____ Exp. Date _____

Signature _____