

MASSACHUSETTS ASSOCIATION  
for the  
**Blind and Visually Impaired**

**MARATHON TEAM**  
TEAM WITH A VISION

**Application & Information – Qualified Runner**

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**Please fill out the entire application, including all of Part I, II, and III.**

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.

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**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.

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**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:

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

Or

jwarren@mabcommunity.org

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

Any donation you would like to include with your Team Application will be applied toward your fundraising total. Team With A Vision members will receive a training program (upon request), a schedule of Team runs and activities, race uniform and fundraising support and materials.

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## **FUNDRAISING**

There is no fundraising requirement for qualified runners representing MAB Community Services as a Team With A Vision athlete, however all members of the Team are encouraged to fundraise in support of our programs. The Boston Marathon is our largest annual fundraising event and it is our hope you will be able to assist us with our most significant fundraising event. You have the option to make a donation with a check or credit card and our staff is more than happy to assist you in setting up a fundraising page and providing support should you choose to ask your friends and family to support your efforts racing with Team With A Vision.

The dedication and energy of the Team With A Vision helps ensure that MAB Community Services can provide quality programs and services to individuals with disabilities, empowering them to participate fully in the community.

## **WANTED: MARATHONERS WITH QUALIFYING TIMES!**

Team With A Vision invites athletes with qualifying marathon times to join us in 2015. Sharing the camaraderie of this exciting Team has many rewards. Please pass the word to friends, family, and co-workers who would like to participate in the 119<sup>th</sup> Boston Marathon. This is a rewarding experience and an inspiring cause.

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**MABVI MARATHON TEAM**  
**Team With A Vision**  
**APPLICATION**

Please complete & return

**PART I**

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<b>Last Name</b>	<b>First Name</b>	<b>Initial</b>
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**Street Address**

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<b>City</b>	<b>State</b>	<b>Zip Code</b>
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<b>Cell Phone Number</b>	<b>Evening Phone Number</b>
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**Email**

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<b>Date of Birth</b>	<b>Age on 4/20/15</b>
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<b>Emergency Contact Name</b>	<b>Emergency Contact Phone Number</b>
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**Are there special reasons for joining The Team With A Vision**

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**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):**

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This is my first year as a Team With A Vision member

I am a former Team With A Vision member

Number 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 interested in becoming a Team With A Vision member and I agree to help raise funds to support MAB Community services.

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.

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Guide's Name

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Email Address

**Telephone**

\_\_\_ 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 hereby 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, 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.

**ACCOUNTABILITY:** MAB Community Services is participating in the Boston Marathon for fundraising purposes. This event plays a significant role in our ability to serve blind and visually impaired individuals throughout Massachusetts and the country, and each Team Member represents funds critical to our work. Therefore, in consideration of accepting an invitation to participate in the Boston Marathon through MAB Community Services, all funds collected through donations, sponsorships, matching gifts programs or through my own donations, will be allocated to MAB Community Services. I have read and understand the foregoing liability waiver and fundraising agreement

Signature\_\_\_\_\_

**OPTIONAL:**

\_\_\_ I would like to make a donation and I enclose a \$\_\_\_ check for my TWAV Donation.

\_\_\_ please charge to my credit card \$\_\_\_ for my TWAV donation (Credit card information to be given in Part III)

**PART III**

Credit Card Usage: I acknowledge and understand that MAB Community Services will keep credit card information strictly confidential.

I agree to allow MAB Community Services to charge my credit card for my first Team With a Vision Donation.

VISA \_\_\_\_\_ MasterCard\_\_\_\_\_ AMEX\_\_\_\_\_

Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_