

2020 BOSTON MARATHON® Official Charity Program

TEAM WITH A VISION

Application & Information - Invitational Waiver

Please fill out the entire application, including all of Part 1-5. We will consider only fully completed applications.

Submit by email to runTWAV@mabcommunity.org

Or by mail to

Paige Provost/ TWAV Team Coordinator

Massachusetts Association for the Blind & Visually Impaired

200 Ivy Street

Brookline, MA 02446

Thank you for your interest in running for *Team With A Vision*. The Boston Marathon® takes place on April 20, 2020, each applicant must be at least 18 by this date. By running Boston with *Team With A Vision* you will be making an important impact on the lives of those who are blind. *Team With A Vision* supports the Massachusetts Association for the Blind & Visually Impaired (MABVI). While the required minimum fundraising is set at \$7,500 per runner, **this year's goal is to raise on average a minimum of \$9,500 - \$12,000 per runner. For the last 3 years our fundraising runners have averaged \$10,000. With our support and your efforts, your fundraising goals are within reach!** Set your goals high – beyond the basic commitment – and give your fundraising plan careful consideration, as this plan is an integral part of your application.

APPLICATION PROCESS

Applications are reviewed on a rolling basis. All pages of the application must be completed and returned by mail or email by November 30, 2019 and/or applications will continue to be accepted until all spots are full. Once we receive your application we will charge the credit card provided below a \$45 non-refundable application fee. This fee helps fund a scholarship that supports a blind athlete running Boston for the 1st time. Please feel free to attach additional pages to any section if necessary. Questions? We're here to help. Email us at runTWAV@mabcommunity.org.

MABVI's *Team With A Vision*
BOSTON MARATHON® TEAM Application

PART 1: BIO

First Name	Last Name	Middle Initial
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Street Address

City	State	Zip Code
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Cell Phone Number _____ **Secondary Phone Number** _____

Email _____

Birth Date ____/____/____ **Age on 4/20/2020** _____

Emergency Contact Number	Relationship	Phone
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Employer: _____

Position / Title: _____

Does your company offer a matching gifts program? _____ **YES** _____ **NO**

Matching Gift Policy: Many companies match employees' charitable contributions. You can check with your employer (often within your HR Department) to see if your company has this program and ask donors if their employees match gifts. If you plan to use a match to reach your minimum, it is your responsibility to contact the matching company to ensure the check will be issued before the race date, or for some reason, MABVI does not receive the matching gift prior to the race, the match cannot count towards the minimum.

Company Address: _____

City: _____ **State:** _____ **Zip:** _____

Sex: ☐ FEMALE

☐ MALE

Race Day Singlet Size (these are gender specific):

Please circle one: XS S M L XL XXL

Team Jacket Size (these are gender specific):

Please circle one: XS S M L XL XXL

I am a former *Team With A Vision* Member: _____ YES _____ No

If yes, please list the number of years you participated: _____

PART 2: ALL ABOUT YOU

Short Bio (please include any information that you would like to share about yourself):

How did you learn about MABVI's *Team With A Vision*?:

Have you participated in any *Team With A Vision* runs or races (not including the Boston Marathon®)? _____ Yes _____ No. If yes, please list which race and what you enjoyed about the experience:

Why would you like to fundraise for MABVI's *Team With A Vision*?:

I would like to run in honor of someone and want to share something about them. I have permission to share this information:

Please include your personal social media links for each available platform (if applicable)

Facebook:

Linkedin:

Twitter:

Instagram:

PART 3: FUNDRAISING

Have you participated in a marathon or a pledge event for a charity program before?

_____ Yes _____ No

If yes, please complete the following: (Please list all experiences)

Name of Event: _____ Charity Name: _____

When did you participate: _____ Amount Raised: _____

Link to fundraising page (if available) _____

What Worked? _____

What Didn't Work _____

Name of Event: _____ Charity Name: _____

When did you participate: _____ Amount Raised: _____

Link to fundraising page (if available) _____

What Worked? _____

What Didn't Work _____

Name of Event: _____ Charity Name: _____

When did you participate: _____ Amount Raised: _____

Link to fundraising page (if available) _____

What Worked? _____

What Didn't Work _____

Do you have any other experience fundraising for non-profit organizations? _____ Yes

_____ No

If yes, please explain (In your explanation, please also list how much was raised, what made it successful, and for which non-profit organization):

In what ways are you involved with the community:

What is your personal fundraising goal for MABVI's *Team With A Vision* 2020 Boston Marathon®?

☐ \$7500 ☐ \$8000 ☐ \$9000 ☐ \$10,000 ☐ \$15,000 ☐ \$20,000
Other \$ _____

Number of potential donors I will contact (recommended: 300+):

☐ Up to 50 ☐ 50-150 ☐ 150-250 ☐ 250+

Potential Donors groups you will reach out to:

Networks, Boards, Community Connection that you have a connection with and would be of interest to supporting your 2020 Boston Marathon® Fundraising:

In what ways will you fundraise for the Massachusetts Association for the Blind and Visually Impaired's *Team With A Vision*:

Primary appeal to potential donors (what will I say to them):

*Please note: MABVI's **Team With A Vision** staff and mentors will schedule a fundraising strategy meeting with each teammate to help you reach and exceed your goals this season. Each runner will have a personalized on-line fundraising page via the CrowdRise Platform.*

PART 4: RUNNING EXPERIENCE

Have you run a marathon or ½ marathon before? If yes, please list the most recent marathon or half marathon along with finish time(s):

If no, what is the longest distance you have run?

How/why you started running:

Best run ever/best race ever/toughest race and why?:

Do you have any prior injuries or specific reason to be concerned about your ability to complete a marathon? _____ YES _____NO

If yes, please explain:

Training and team event availability

MABVI's *Team With A Vision* holds monthly team meetings during the training season (December through April). These may be on Saturdays after our group long runs. We will have expected dates in November and anticipate our meetings to be held within the Boston or surrounding area. Do you foresee any conflicts in attending these meetings?

_____Yes _____No

If yes, what is the reason? (Please note, if out of state, we will provide weekly updates via e-mail)

PART 5 WAIVER, ACCOUNTABILITY, AND CREDIT CARD INFORMATION

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, including death, in said event. I further attest and certify that I am physically fit and have sufficiently trained for the distance event I am running. I also grant permission for my name/ photo to be used in any broadcast or print media or any other event. I understand that I am responsible for the standard cost associated with the B.A.A. application. ***I understand that I will be responsible for the standard cost associated with the B.A.A. 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; they will not act as a guide for a visually impaired athlete unless registered as an official guide with 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 2020 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 April 1, 2020 and will be held responsible for the entire amount to participate in the Boston Marathon® through MABVI's Team With A Vision. 50% of the \$7500 minimum must be collected prior to January 15, 2020. In the event that you do not meet the minimum donation requirements noted above, MABVI reserves the right to charge the balance owed to your credit card, unless prior arrangements have been made. If you continue to fundraise after your credit card has been processed with the remaining balance, we will reimburse your card upon written request. We will no longer reimburse your card after May 1, 2020. All funds collected through donations, sponsorships, matching gifts programs or through your own donations, will be allocated to MABVI.

If you are selected onto the team, a non-refundable deposit of \$100 will be charged to your credit card, verifying your acceptance. The deposit of \$100 will be applied towards your fundraising minimum and holds a Boston Marathon entry number in your name. All *Team With A Vision* Boston Marathon® members will be required to have an on-line fundraising page via Team With A Vision fundraising platform on CrowdRise.

TIME COMMITMENT AND RESOURCES:

Runners Are expected to train and fundraise extensively to ensure they meet their financial commitment and complete the marathon. ***We are here to support your marathon goals and ensure this is a positive experience for the entire team. Team With A Vision*** will provide fundraising tips, support, a training program with a coach, and monthly meetings. We will actively communicate concerning your fundraising goal and check in with you frequently on meeting your fundraising targets.

CANCELLATION POLICY

You may cancel your participation with *Team With A Vision* for the 2020 Boston Marathon®, waiving your responsibility for the \$7500 minimum, anytime on or before December 15, 2019. To do so, you must contact Paige Provost, at MABVI in writing on or before the cancellation date of December 15, 2019.

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

Signature: _____

Print Name: _____

Date: _____ / _____ / _____

Credit Card Usage: I understand and acknowledge that I am responsible for a \$45 non-refundable fee. This fee helps fund a scholarship that supports a blind athlete running the Boston Marathon® for the 1st time.

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 May 31, 2019. MAB Community Services will keep credit card information strictly confidential.

VISA _____ **MasterCard** _____ **AMEX** _____

Name as it appears on credit card: _____

Card # _____ **Exp. Date** _____

Signature of Card Holder: _____ **Date:** _____

This is a chance to run and raise critical funds while being a part of something bigger. You will join thousands of others who are part of a movement of inclusion, breaking down barriers of perception and circumstance, personal achievement, and incredible success. You will be helping to change the lives of those who are blind or visually impaired while expanding the way you and your community see and experience those with different abilities.

The money we raise funds statewide initiatives. We provide vision rehabilitation for seniors aging into vision loss. Our volunteer program matches hundreds of volunteers with clients to help with tasks you need eyesight for. Our support groups offer peer to peer counseling for thousands who need a safe place to talk and group to lean on.

MISSION STATEMENT

Eliminating barriers, creating opportunities, and offering support for independent living is the mission of the Massachusetts Association for the Blind & Visually Impaired. Our experience allows us to forge strong community partnerships so that we can meet the pressing need for high quality services and programs for adults and seniors with vision loss throughout Massachusetts.

“Thank you to the Massachusetts Association for the Blind and Visually Impaired for the sense of community you created around the iconic Boston Marathon®. The B.A.A. runs the best marathon in the world and you all bring that sense of community I don’t have back home. From the volunteers, to my homestay host family, to the programs you provided over the weekend, you make it possible for me and my family to return each year”. Visually Impaired Athlete Chris Lancaster

Thank you for your interest in running the Boston Marathon® as a member of Team With A Vision.