



**USAF Marathon
September 15, 2012
Commitment Form**

Hospice of Dayton will proudly serve as a charity partner at the 2012 USAF Marathon. Your commitment to participate in the USAF Marathon on behalf of HOD is greatly appreciated and we ask the following of all event participants:

- Commit to raise the fundraising minimum.
- Commit to participate in either the full marathon or half marathon.
- Honor the Hospice of Dayton mission to celebrate the lives of those we have the privilege of serving.

As an HOD runner, you will receive no compensation from HOD; in fact, you will be asked to raise funds for patient and family service programs. This event has a fundraising minimum and we take your commitment to raising this minimum seriously. **The required fundraising minimum for this event is \$500.** This minimum is set to ensure we keep our program costs low and to maximize the funds we are able to invest in our mission. Your commitment will secure your position as a HOD runner.

When you raise the minimum level of funds for the event, you will be eligible to have your expenses of participating in the event paid by HOD. Expenses paid by HOD will include:

- One registration in either the half or full marathon
- One ticket to either the Gourmet Pasta Dinner or the Breakfast of Champions
- An official USAF Marathon or USAF Half Marathon tech shirt
- An HOD T-Shirt
- An HOD water bottle
- Use of HOD Hospitality Tent before and after the race (amenities include fruit, snacks, water, sports drinks, chair massage)

We require a credit card number, which serves as your **acknowledgement 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 of July 9, 2012.** If the minimum of \$500 is not received by HOD by Monday, July 9, 2012, HOD will charge your credit card the balance. By signing below, you are authorizing us to do this. If the \$500 minimum is met by this date, no charges will be made on your card. It is HOD's policy not to incur meal, lodging or travel expenses or pay the traveling expenses of spouses or other traveling companions.

Credit Card Information:

VISA MC American Express Discover

Card Number _____ Expiration _____ 3 Digit Code _____

Signature _____

Once you have registered with HOD, you will be entered into the USAF Marathon database and will begin receiving emails from the USAF Marathon. They will keep you up to date on all event details, will communicate with you any changes and will assign you a bib number. Please read each of their emails carefully as they will be the main source of information regarding this event.

Please read the following information and sign accordingly:

I have read and understand the above. I hereby commit to being a HOD fundraiser/runner in the USAF Marathon or USAF Half Marathon and to meet the expectations set forth above. I acknowledge that I am participating in this event solely to support the mission of HOD without any expectation of monetary benefit from my participation. I also acknowledge that as a participant, I will be engaging in fundraising activities on behalf of and as an agent of HOD, and that any funds raised or held pursuant to such activities are the property of HOD.

I intend to be legally bound, understand and agree that I am voluntarily participating as a HOD fundraiser and runner of the USAF Marathon or Half Marathon and all of its activities including, but not limited to, training for and participating in the below listed event 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 event. In consideration of HOD's sponsorship of this event and my being permitted to participate in the event, I, on behalf of myself, my successors in interest, heirs, assigns, and representatives, hereby fully release and hold harmless HOD and its Officers, Trustees, agents, employees, volunteers, any medical providers working for or on behalf of the program, and representatives, successors, and assigns (be they individuals or organizations), together with their insurers and sponsors (collectively, "HOD"), 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 HOD's negligence or otherwise (collectively, "Liabilities").

I also give permission to HOD 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.

Signature _____ Date _____

Name _____

Address _____

City, State Zip _____

Phone _____ Email _____

Completed forms may be submitted no later than July 9, 2012 via email to mbernard@hospiceofdayton.org, faxed to 937.781.1315, or mailed to:

Hospice of Dayton
Attn: USAF Marathon
324 Wilmington Pike
Dayton OH 45420