



TEAM S.P.E.E.D. PARTICIPANT REGISTRATION FORM

Epilepsy Foundation Central & South Texas, 10615 Perrin Beitel Rd., Suite 602, San Antonio, TX 78217
Phone: 210-653-5353, Fax: 210-653-5353 Email: marathon@efcst.org

First Name: _____ Last Name: _____

Home Address/P.O. Box: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Employer: _____ Position/Title: _____

Company Address: _____

Sex: Male Female T-Shirt Size: S M L XL XXL Birth Date*: ____ / ____ / ____

* You must be at least 18 years of age at date of sign-up, with a guardian's permission

Education (last completed): High School College Post Graduate

How did you hear of the Team S.P.E.E.D. Training program? – Please be as detailed as possible: (Please help us reach new participants by briefly taking the time to fill out the information below):

- Referred by a friend - Name: _____
- Website Name of Website: _____
- Email From: _____
- Brochure / flyer (location) _____
- Other _____
- Direct Mail

EVENT AND REGISTRATION INFORMATION:

As a Team S.P.E.E.D. volunteer supporting The Epilepsy Foundation Central & South Texas and its mission, I hereby agree to train for and participate in the following event, and to raise the required fundraising goal minimum.

Please check event you are going to participate in:

<u>Goal Run</u>	<u>Date</u>	<u>Fundraising Goal:</u>
<input type="checkbox"/> Training for San Antonio 1/2 Marathon minimum	Nov 11, 2007(San Antonio, TX)	\$1,000
<input type="checkbox"/> Training for Dallas White Rock 1/2 Marathon	Dec 9, 2007 (Dallas, TX)	\$1,250 minimum
<input type="checkbox"/> Training for Dallas White Rock Marathon	Dec 9, 2007 (Dallas, TX)	\$1,500 minimum

***This registration fee will not be applied towards your fundraising goal.**

- I have enclosed a check for my \$ 125.00 non-deductible / non-refundable registration fee
- Charge my credit card for the \$ 125.00 non-deductible / non-refundable registration fee:

Credit Card #: _____ Exp. Date: _____

Name as it appears on the card

Signature



TEAM S.P.E.E.D. PARTICIPANT REGISTRATION FORM

TRAINING FITNESS AND EMERGENCY INFORMATION

Participant Name _____

Participant Phone _____ Email _____

Age _____ Circle One: Male or Female

Medical Insurance Company _____ Insurance ID# _____

Current Medications You Are Taking and Reason for Taking Them _____

Allergies (i.e. food, medications, etc.) _____

Do you wear contact lenses YES _____ NO _____

Please list medical conditions and the date they occurred (i.e. back, knees, diabetes, high blood pressure, asthma)

IMPORTANT: THIS INFORMATION MUST BE COMPLETED!

In Case of an Emergency Please Notify _____

Cell Phone _____ Home Phone _____

FITNESS INFORMATION

What is your goal for this training program? (i.e. to complete the distance, improve time, etc.)

List any previous or current injuries (including date injury occurred) that have limited your physical activity:

Please note: this information is confidential. Don't be modest, be honest. Thank you! _____



TEAM S.P.E.E.D. PARTICIPANT REGISTRATION FORM YOUR FUNDRAISING COMMITMENT

Team S.P.E.E.D. Training is first and foremost a fundraising program. The program's primary objective is to raise funds for Epilepsy and seizure disorder advocacy and patient service programs. As such, we take your commitment to raise the fundraising minimum seriously. We want all Team S.P.E.E.D. Training participants to be successful in raising at least the minimum fundraising goal and have structured the program to provide support to help you reach your goal.

SOME WORDS OF ENCOURAGEMENT ON FUNDRAISING:

We have found that if you follow the guidelines and use the materials provided, you will be successful! You will receive the best guidance available through our staff and team to help you achieve and exceed your fundraising goal.

Understanding Commitment:

Each Team Member will be asked to commit to the Final Fundraising goal. EFCST will commit to registering runners in their choice of the 3 Marathon goal runs that are being offered. In order to secure your registration, you must raise your fundraising goal by:

- Nov 3 – for the San Antonio 1/2 marathon (\$1,000.00)
- Dec 1 – for Dallas White Rock 1/2 (\$1,250.00)
- Dec 1 – for Dallas White Rock Marathon (\$1,500.00)

If your final goal has not been met by the dates noted above you will be required to donate the difference.

I have read and understand the above. I commit to raising the fundraising minimum as designated above for the marathon program for which I am registered or will donate the difference by the final deadline date as designated above.

Signature: _____

Name: _____ Date _____
(Please Print)

***I authorize my credit card listed below to be charged for the balance owed towards my fundraising goal as designated below if I have not yet fulfilled my commitment by:**

- Nov 3 – for the San Antonio 1/2 marathon (\$1,000.00)
- Dec 1 – for Dallas White Rock 1/2 (\$1,250.00)
- Dec 1 – for Dallas White Rock Marathon (\$1,500.00)

Charge my credit card for the balance owed as of November 03, 2007 or December 1, 2007

Circle One: MasterCard/Visa Card #: _____ Exp. Date: _____

Name as it appears on the card Signature



TEAM S.P.E.E.D. PARTICIPANT REGISTRATION FORM

PARTICIPANT LIABILITY RELEASE/CONSENT AND INFORMATION RELEASE

I, _____, (the "Participant") intending to be legally bound, understand and agree that I am voluntarily participating in The Epilepsy Foundation Central & South Texas ("EFCST") Team S.P.E.E.D. Training program (the "Program") and all of its activities including, but not limited to, training for and participating in the following event: _____ (collectively, the "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 Event 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 EFCST'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 EFCST and its chapters, their Officers, Trustees, agents, employees, volunteers, any medical providers working for or on behalf of the Foundation, and representatives, successors and assigns (be they individuals or organizations), together with their insurers and sponsors (collectively, the "Foundation"), 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 Event, whether resulting from the Foundation's negligence or otherwise (collectively, "Liabilities").

I also give permission to EFCST free use of 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.

Consent and Information Release ("Consent"): I hereby grant permission to the EFCST to render preventative or first-aid assistance or seek treatment or medical care that it seems reasonably necessary, including hospitalization, for my health and well being. I also give permission to the Foundation to use and disclose my personal health information ("PHI") in the ways described in this form. I allow the EFCST to use my PHI as necessary for purposes related to my treatment. I also allow the EFCST to give out my PHI to doctors, hospitals, ambulance companies, coaches, family members, and others involved in my care and treatment. My PHI may also be used and given out as necessary to run the Event or as necessary for the proper management and administration of the EFCST.

This Release and Consent will be governed by and subject to the laws (except the choice of law principles) and exclusive jurisdiction of the courts of the State of Texas.

Date: _____
Signature of Participant

*Must be signed also by parent or legal guardian if the Participant is under age 18 on the date this Release and Consent is signed.

I, the undersigned, hereby certify that I am the parent or legal guardian of the Participant, and as such and on behalf of myself and the Participant, I agree to the terms of this Release, including the Consent, on behalf of the Participant and I hereby, in accordance with the terms of such Release, release and hold harmless the EFCST (as defined above) from all Liabilities (as defined above).

Date: _____
Signature of Parent/Guardian



TEAM S.P.E.E.D. PARTICIPANT REGISTRATION FORM

(NOT MANDATORY)

Authorization for Release of Information to the Epilepsy Foundation Central & South Texas.

Participant name: _____

By signing below, I allow physicians, hospitals, ambulance companies, or any other health care provider ("Providers") to give out any and all medical information concerning the Participant. The Providers can give the information to coaches, staff, and volunteers working for or with the Epilepsy Foundation Central & South Texas ("EFCST"). This information includes oral or written medical information that relates to or affects participation in activities, programs or events affiliated with or sponsored by Epilepsy Foundation Central & South Texas ("EFCST Programs"). This information will be used in connection with EFCST Programs.

This information may include, but is not limited to, all information within a Provider's knowledge. It includes information found in any records under his or her control or supervision concerning the Participant's physical condition, illness, and/or injuries.

This information may be used or given out by EFCST as necessary to run the programs. This includes, but is not limited to, uses and disclosures the Participant's friends or family, coaches, EFCST's insurers, or other persons or entities involved in the EFCST Team S.P.E.E.D. Training Program. This form expires one year after the last date the Participant is involved in the EFCST Team S.P.E.E.D. Training Program.

I understand that I do not have to sign this form. My choice about whether to sign this form will not change the way health care providers treat the Participant. I know that I can see or copy any paper records that have been given out. I also understand that if information is given to EFCST as allowed in this form, it may be no longer protected by federal privacy laws and may be subject to further disclosure.

This form can be revoked at any time in writing. Written revocations should be signed and given to: EFCST contact name and address:

Epilepsy Foundation Central & South Texas

10615 Perrin Beitel Rd. Suite 602

San Antonio, Texas 78217

A revocation letter will not affect any actions taken before EFCST received the letter.

Signature

Date

*Must be signed also by parent or legal guardian if the Participant is under age 18 on the date this form is signed.

Signature

Date

Explanation of authority to sign if someone else signs this form:



TEAM S.P.E.E.D. PARTICIPANT REGISTRATION FORM

Participant Survey

What motivated you to participate in our Team S.P.E.E.D. Training event?

Do you have a connection to the cause?

What are your Team S.P.E.E.D. Training goals? (I.e. fundraising, training, personal fulfillment)

Do you have any concerns?

What expectations do you have for your Team S.P.E.E.D. Training experience? (I.e. coaching, staff involvement, mission connection)