Logo, company name

Description automatically generated**WPA 2022 TCS NYC MARATHON**    
**FUNDRAISING AGREEMENT**

Thank you for your interest in running and fundraising for the Women’s Prison Association (WPA) by participating in the TCS New York City Marathon scheduled for Sunday, November 6, 2022.

**FUNDRAISING COMMITMENT:** WPA hopes to raise $50,000 through the marathon and sponsorship. To join Team WPA, please commit to donating or raising a minimum of $3,500 for WPA, in addition to covering your race registration fees. In exchange, WPA will provide you with a fundraising page, team shirt, virtual welcome event, and administrative support for your efforts. WPA is a 501(c)(3) organization, and your tax-deductible donations will directly support our programs.

In addition to the $575 per bib that WPA pays for each guaranteed spot, runners must pay the race registration fee upon registering in the official portal. Race registration fees for individual runners:

• $255 for New York Road Runner members

• $295 for non-members

Your credit card information is required as a guarantee of your pledge to run and fundraise. In the event that you are unable to meet the minimum fundraising requirement of $3,500 by November 30, 2022, WPA reserves the right to charge the balance to the credit card we have on file. We accept American Express, Discover, MasterCard, and Visa. The amount charged to your credit card will be considered a charitable donation and is non-refundable. A confirmation of this donation for tax purposes will be emailed to you. WPA will provide reasonable notice before charging the card.

NYRR’s registration portal is not live yet. Once live and after you sign this contract and are approved by WPA, you will receive an electronic invitation from the NYRR to formalize your entry. The deadline to complete your NYRR registration and pay the registration fee is four weeks from the date the invitation is sent to you. If you do not register within this timeframe, WPA reserves the right to offer your spot to someone else.

**CANCELLATION POLICY:** Once you complete your registration, you cannot cancel your obligation to fulfill your fundraising goal for WPA. These guaranteed entry slots are non-transferable and non-refundable. WPA has already paid $575 for each guaranteed spot. Please contact Erika Freund at WPA with any questions or concerns before making this commitment. Once you are electronically registered, you are responsible for raising the $3,500 minimum, even if for any reason, including injury or illness, you are unable to physically participate in the 2022 TCS New York City Marathon. Your slot in the 2022 TCS New York City Marathon is non-transferable or assignable except that WPA may remove and replace entrants in accordance with NYRR’s requirements.

**Release Form & Contribution Agreement:** In accepting this entry, I hereby for myself and anyone entitled to act on my behalf, waive and release all rights to claim for damages I may have against WPA for all injuries suffered by me in the events pertaining to and including the 2022TCS New York City Marathon. I further attest and certify that I am physically fit and have sufficiently trained for this event, and a licensed medical doctor can verify my physical condition.

|  |  |
| --- | --- |
| **Athlete’s Name: (what you go by)** |  |
| **Signature:** |  |
| **Date:** |  |

**PERSONAL INFORMATION:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| First Name: |  | | | | |
| Last Name: |  | | | | |
| Home Address: |  | | | | |
| City: |  | State: |  | Zip: |  |
| Email: |  | | | | |
| Social Media Handle: |  | | | | |
| Cell Phone: |  | | | | |
| Occupation/Employer: |  | | | | |
| Emergency Contact Name: |  | | | | |
| Emergency Contact Number: |  | | | | |
| Who Introduced You to WPA: |  | | | | |

**CREDIT CARD INFORMATION:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name (as it appears on  your card): |  | | | | |
| Credit Card Type: | qAMEX qDISCOVER qMASTERCARD qVISA | | | | |
| Credit Card #: |  | | | | |
| Expiration Date: |  | Security Code: | |  | |
| Billing Address: |  | | | | |
| City: |  | State: |  | Zip: |  |

\*WPA will provide reasonable notice before charging your card.

**TEAM SHIRT INFORMATION:**

|  |  |
| --- | --- |
| Shirt Sleeve Preference: (Please indicate long-sleeve, short-sleeve, or sleeveless) |  |
| Fit Preference: (Please indicate unisex or women’s sizing) |  |
| Shirt Size: |  |
| Name you want printed on your team shirt:  (Leave blank if you don’t want a name on your shirt) |  |