



2017 IDA TeamQuest Participant Commitment Agreement

First Name: _____ Last Name: _____ Gender: M F Birth Date: _____

Home Address/P.O. Box: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____ Cell Phone: _____

Fax: _____ Email: _____

TeamQuest Shirt Size: (circle choice) **Small Medium Large XL 2X**

How did you hear about the IDA TeamQuest? _____

Participant Agreement:

As a TeamQuest participant I hereby agree to train for and participate in Rock 'n' Roll Nashville Marathon/Half Marathon, OC Marathon/Half Marathon or the Rite Aid Cleveland Marathon/Half Marathon and **commit to generating and submitting the fundraising minimum required for the level selected upon event registration:**

- **TeamQuest Bronze - \$2,200**
 - ❖ *Guaranteed entry to selected event,*
 - ❖ *race registration fee,*
 - ❖ *team gear including race day singlet & TeamQuest T-shirt,*
 - ❖ *team pasta party and post-race celebration.*
- **TeamQuest Silver - \$2,800**
All bronze-level benefits plus up to 3 nights event weekend hotel accommodations
- **TeamQuest Gold - \$4,000**
All bronze-level & silver-level benefits plus \$400 travel voucher

Nashville \$2,200, \$2800 or \$4,000 by **March 29, 2017**
OC \$2,200, \$2800 or \$4,000 by **April 7, 2017**
Cleveland \$2,200, \$2800 or \$4,000 by **April 21, 2017**

- I agree to pay a TeamQuest registration fee of \$100.
- I have submitted payment for the registration fee - \$100
 - I have submitted payment for an Early Bird Registration - \$50

Please include credit card information or attach a check made out to the International Dyslexia Association, Inc.

Card Number: _____

Exp. Date: _____ Security Code: _____

Name as it appears on card: _____

Signature: _____

Participant Fitness and Emergency Contact Form

Name _____ Event _____

Medical Insurance Company _____ Insurance ID# _____

Current Medications: _____

Conditions Requiring Medication: _____

Allergies (food, medications, etc.): _____

Have you been under a doctor's care for any of the following symptoms within the past year:

A note will be required from your physician for any checked boxes prior to training.

- Chronic Illness
- Heart Murmur
- Asthma
- Back Problems
- Diabetes
- Liver Condition
- Fainting Spells
- Trouble Breathing
- Heart Condition
- Chest Pain
- Unusual Fatigue
- Bone/ Joint Condition
- High Blood Pressure

Do you have any conditions that might affect your health and safety while training for your event?

Emergency Contact information:

In case of emergency please notify:

Name _____ Relationship: _____

Emergency contact phone:

Home _____ Work: _____ Cell: _____

Alternate Emergency contact:

Name: _____ Relationship: _____

Emergency contact phone:

Home _____ Work: _____ Cell: _____

Signature: _____ **Date:** _____

If under 18 signature of parent/ guardian _____

Participant Fundraising Commitment Agreement

Your required fundraising minimum for the **Rock ‘n’ Roll Savannah and Rock ‘n’ Roll Las Vegas Marathon or Half Marathon** is one of the following: **\$2,200, \$2,800 or \$4,000**. This minimum is set to ensure we keep program expenses low to maximize the funds to be invested in the IDA mission to create a world where everyone can read.

This confirms your participation on the team and commitment to raise the required funds. A valid credit card is required on the commitment form and your agreement to donate the difference between what you have raised and the minimum fundraising commitment, if you have not raise the minimum by the fundraising deadline.

Inclusion on the team roster is contingent upon submitting the “Participant Agreement & Commitment” form and fundraising minimums outlined on page one.

Please return all forms to IDA via email, mail or fax.

EMAIL TO:

areuter@dyslexiaida.org

MAIL TO:

International Dyslexia Association
40 York Road, 4th Floor
Baltimore, MD 21204
Attention: TeamQuest

FAX TO:

410-321-5069
Attention: TeamQuest

I have read and understand the above. I hereby commit to being a TeamQuest participant and to meet the expectation set forth above. I acknowledge that I am participating in TeamQuest to support the mission of the International Dyslexia Association, Inc. I also acknowledge that as a TeamQuest participant, I will be engaging in fundraising activities on behalf of the International Dyslexia Association, Inc. Any funds raised cannot be transferred and are the property of the International Dyslexia Association, Inc.

X Signature: _____ **Date:** _____

CONSENT TO USE OF PHOTOGRAPHIC AND VIDEO IMAGES - Registration and attendance or participation at TeamQuest events and its affiliated meetings and events constitutes an agreement by the registrant for IDA and its affiliates to use and distribute (both now and in the future) the registrant or attendee’s image or voice in photographs, videotapes, and electronic reproductions of such events and activities.

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 International Dyslexia Association, Inc. (IDA) TeamQuest 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 IDA's sponsorship of the 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 IDA and its branches, their Officers, Trustees, agents, employees, volunteers, any medical providers working for or on behalf of TeamQuest, and representatives, successors, and assigns (be they individuals or organizations), together with their insurers and sponsors, 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 the Event, whether resulting from IDA's negligence or otherwise. I also give permission to IDA to freely use of my name, picture and voice in any broadcast, telecast, print account, or any other account in any medium of the Event (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 IDA 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 IDA to use and disclose my personal health information (PHI) in the ways described in this form. I allow IDA 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 IDA.

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 Maryland.

X Signature: _____ **Date:** _____

Authorization for Release of Information to the International Dyslexia Association, Inc.

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 International Dyslexia Association, Inc. (IDA). This information includes oral or written medical information that is related to or affects participation in activities, programs or events affiliated with or sponsored by IDA (“IDA 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 IDA as necessary to run the programs. This includes, but is not limited to, uses and disclosures to the Participant’s friends or family, coaches, IDA’s insurers, or other persons or entities involved in the IDA Programs.

This form expires one year after the last date the Participant is involved in any IDA 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 IDA 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: areuter@dyslexiaida.org

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

Signature: _____ Date: _____

Name: _____ Date: _____

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