



The New England Center
for Children®
Autism Education and Research

APPLICATION FOR TEAM NECC 2020
New Balance Falmouth Road Race
Sunday, August 16, 2020

All pages of this application must be completed and returned to Ashley Dodd at the address below. Applications will be collected on a rolling basis, and applicants will be informed of their acceptance or denial in a timely manner as applications are received. **The final date for acceptance into the program is Friday, July 3rd.**

Send completed applications to:

The New England Center for Children, Inc.
Attn: Ashley Dodd
33 Turnpike Road
Southborough, MA 01772
e: adodd@necc.org

BIOGRAPHICAL INFORMATION *please print clearly*

NAME _____

MALE FEMALE DATE OF BIRTH _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

EMAIL _____ PHONE _____

EMPLOYER _____ TITLE _____

WORK ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

T-SHIRT SIZE _____ SINGLET SIZE _____

MY MOTIVATION

How have you heard about The New England Center for Children (NECC)?

Please describe why you would like to run for The New England Center for Children (NECC):

FUNDRAISING EXPERIENCE

Have you ever participated in a charity road race program before? Yes No

If yes, what is the most recent charity for whom you raised funds, and how much money did you raise?

CHARITY NAME	\$AMOUNT RAISED
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What will your fundraising goal be for The New England Center for Children (NECC)? \$ _____

*While the required fundraising minimum is set at **\$1,000 per runner**, we encourage team members to set a higher personal goal for themselves (NECC covers the \$200 entry fee for each runner, so consider including this in your fundraising goal). **Aim high, you'll be amazed what you can achieve!**

RUNNING EXPERIENCE

Have you ever participated in the Falmouth Road Race before? Yes No

If yes, please list the most recent year and time it took you to complete the race.

DATE	TIME
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If no, have you ever competed in another road race? Yes No

If yes, please list the most recent year and time it took you to complete the race.

DATE	LOCATION	TIME
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TERMS AND CONDITIONS
New Balance Falmouth Road Race
Saturday, August 16, 2020

Please read the following carefully before signing below.

Fundraising Commitment: A fundraising minimum of \$1,000 is required for members of The New England Center for Children's Falmouth Road Race Team in order to receive an individual entry for the 2020 Falmouth Road Race.

In the event that you do not meet the minimum donation requirement by August 24, 2020, The New England Center for Children (NECC®), reserves the right to charge the balance owed to your credit card, unless prior arrangements have been made.

Falmouth Road Race Registration: If selected, NECC will contact you and provide you with the code for online registration. NECC will pay the registration fee for the event; however, you are responsible for picking up your own bib and chip in Falmouth, MA, and for making necessary travel arrangements on the weekend of the race.

Release Form and Contribution Agreement: In consideration of my accepting this entry, I hereby for myself, my heirs, executors and administrators, waive and release any and all rights for claims and damages I may have against The New England Center for Children (NECC®), its employees, volunteers, officers and sponsors for any and all injuries suffered or sustained by me in said event, in the training and planning sessions for said event, or travel to or from any of the preceding. I further attest and certify that I am physically fit and have sufficiently trained for competition in this event, and a licensed medical doctor has verified my physical condition. I also grant permission for use of my name and/or photograph or voice in broadcast, telecast, print or any other account of this event and agree to waive any compensation for such use. I agree to collect a minimum of \$1,000 for NECC by August 24, 2020. If I have not reached the minimum in sponsorships by that date, I will personally be responsible for the balance owed. I understand that NECC reserves the right to charge the balance I owe to my credit card after August 24, 2020.

I declare that I have exercised my own judgment in signing this agreement and I further declare that the decision to sign this agreement was voluntary and not based on or influenced by any representation of NECC.

Signature of Applicant _____ Date _____

In the event of an illness, injury or medical emergency arising during the event or in the training and planning sessions for said event, I hereby authorize and give my consent to NECC to secure from any accredited hospital, clinic and/or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatments rendered to me including but not limited to medical transport, medications, treatment, and hospitalization. The following person should be contacted in the event of an emergency:

Name _____ Relationship _____

Telephone Number _____

Please list any allergies to medications _____