

Astros Foundation

2018 Minute Maid Park Marathon Application

MARATHON DATE: Sunday, November 18, 2018

*All participants must be at least 18 years of age



RUNNER CONTACT INFORMATION (ALL INFO REQUIRED)

Name	
Street Address	
City, State, Zip	
Home Phone	
E-Mail Address	
Gender	
Date of Birth	
Cell Phone	
Emergency Contact Name and Cell Phone	

RUNNER INFORMATION (ALL INFO REQUIRED)

I heard about the Minute Maid Park Marathon from _____

My current long distance running level is:

- ☐ Beginner
☐ Intermediate
☐ Advanced

I have run a marathon before yes or no. (circle one)

The number of marathons (anywhere) I have run is _____. My best marathon performance was:

Other Notable Running/Athletic Accomplishments:

My unisex t-shirt size is:

☐ X-Small ☐ Medium ☐ X-Large
☐ Small ☐ Large ☐ XX-Large

FUNDRAISING AGREEMENT AND INFORMATION

The minimum fundraising requirement for the Minute Maid Park Marathon is \$4,000. If I drop out of the race for any reason, I am still required to raise/pay the minimum fundraising requirement of \$4,000 – or find a suitable participant who is capable and willing to take over my number and fundraising requirement. By signing this agreement, I understand that if I cancel my participation or don't reach the minimum fundraising goal of \$4,000, my credit card will be charged the balance of the fundraising commitment on November 18, 2018 at 12 PM.

A \$200 nonrefundable deposit is due upon turning in this application. The \$200 deposit will be credited toward your first payment schedule due by July 30, 2018.

I wish to pay my \$200 nonrefundable deposit by check _____ or credit card _____ (please check one).

I hereby agree that my personal fundraising goal for the 2018 Minute Maid Park Marathon is \$4,000.

☐ My company plans to support my fundraising goal (check any that apply):

☐ Through a matching gift.

☐ Through a corporate sponsorship.

☐ I will be paying for my fundraising requirement. *Please note full payment is required by November 18, 2018*

☐ I will be fundraising to support my fundraising minimum required commitment and will adhere to the **following payment schedule**:

Date	Funds to be raised or sum up to this amount will be charged to my credit card
Within 30 Days of Submitting Application	\$1,000
By September 30, 2018	\$2,500
By November 18, 2018	\$4,000 minimum due

Signature (Required):

Date:

RELEASE OF WAIVER (REQUIRED)

I hereby for myself, heirs, executors and administrator, waive, release, and discharge any and all claims, demands, suits, causes of action, liability, judgments, damages, costs and expenses (including attorney's fees and court costs) arising from, related to or in any way connected with the Minute Maid Park Marathon which I have or which may hereafter accrue to me against the Astros Foundation, Houston Astros, LLC, Harris County-Houston Sports Authority and its and their assignees, transferees and/or licensees, parents, subsidiaries and affiliated entities, and its and their employees, directors, members, managers, agents, representatives, volunteers, consultants, officers, supporters, any promoting organization(s), and media partners and their respective agents, officials and employees 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 and 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 verify that I have my own personal medical insurance and that I fully responsible for payment of any and all medical services and treatment rendered to me including but not limited to medical transport, medication treatment and hospitalization

Signature (Required):

Date:

CREDIT CARD INFORMATION (REQUIRED)

____ MasterCard ____ Visa ____ Discover ____ American Express

Cardholder's name:

Card number:

Expiration Date:

Security Code (CVV):

* Please note: All funds must be raised and collected by participant and received by the Astros Foundation by November 18, 2018. Should you be unable to meet the minimum fundraising goal of \$4,000, you have given the Astros Foundation permission to charge the remaining balance to the above credit card. If I am injured while training or for some other reason cannot participate in the Minute Maid Park Marathon, I understand that I am still responsible for the minimum \$4,000 payment for my number or if time and rules permits, getting another runner to take my place who agrees to the remaining balance on my fundraising commitment.

** If you checked the credit card payment box for the \$200 nonrefundable deposit your credit card will be charged the date this agreement is submitted.

By signing this agreement, I agree to all these terms.

Applicant's Name (in Print):

Signature (Required):

Date:

Please scan and email form to the **ASTROS FOUNDATION** at foundation@astros.com or print, fill out and mail to **ASTROS FOUNDATION, P.O. Box 288, Houston, TX 77001-0288**. Applications will be accepted on a first come first served basis.

Please Note: ALL DONATION CHECKS MUST BE WRITTEN DIRECTLY TO "ASTROS FOUNDATION" with note on the check itself of name of the Marathon runner whose fundraising the check is intended to support.

Race Managed By:

