



TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS

3033 Wilson Boulevard, 3rd Floor ★Arlington, VA 22201

800-959-TAPS ★202-588-TAPS (8277) ★www.taps.org

Team TAPS Waiver and Commitment Form *for the 2019 Bank of America Chicago Marathon*

Guaranteed Registration

Thank you for joining Team TAPS on behalf of the Tragedy Assistance Program for Survivors (TAPS). Please read, review and initial the Waiver and Commitment Form. Email the signed copy to teamtaps@taps.org.

As a Team TAPS team member in the 2019 Bank of America Chicago Marathon, I understand and agree to the following:

Fundraising Requirements

_____ I agree to a **minimum fundraising obligation of \$1,250** to support the families of America's fallen military heroes served by Tragedy Assistance Program for Survivors (TAPS).

_____ I agree to meet all fundraising requirements by October 13, 2019. After this date, TAPS is authorized to charge any shortfall to my credit card that I will keep on file with TAPS.

_____ I agree that if for any reason I am not able to participate in the 2019 Bank of America Chicago Marathon, I am responsible for the full \$1,250 fundraising commitment. **Race entries are non-deferrable and non-transferable.**

_____ I agree to complete all paperwork and registration requirements by stated deadlines, to include Team TAPS registration, Crowdrise fundraising platform registration, and Bank of America Chicago Marathon race registration, which is separate from Team TAPS paperwork.

Withdrawal Clause

_____ In the event that I must withdraw from the race for any reason, I understand that I am still responsible for raising the minimum fundraising requirement. Race entries are non-deferrable and non-transferable.

Waiver and Release of Liability

_____ I acknowledge that I have voluntarily agreed to participate as a Team TAPS athlete in the 2019 Bank of America Chicago Marathon. I agree that I and/or my heirs, guardians, legal representatives, successors, distributees, and assignees will not make a claim against, sue, attach the property of, or prosecute Tragedy Assistance Program for Survivors (TAPS) or any of its affiliated organizations, staff, Board, or agents for any losses, injury, death or property damage occurring to me as a result of my participation (either directly or indirectly) in any of the activities related to training and running with Team TAPS whether caused by negligence of Tragedy Assistance Program for Survivors (TAPS) or otherwise.

Signature: _____ Date: _____