



TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS
3033 Wilson Boulevard, 3rd Floor ★Arlington, VA 22201
800-959-TAPS ★202-588-TAPS (8277) ★www.taps.org

Waiver and Commitment Form *for the 2020 TCS New York City 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 2020 TCS New York City Marathon, I understand and agree to the following:

Fundraising Requirements

_____ I agree to a **minimum fundraising obligation of \$2,620** 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 **November 13, 2020**. After this date, TAPS is authorized to charge any shortfall to my credit card, which will be provided at the time of registration.

_____ I agree that if for any reason I am not able to participate in the 2020 TCS New York City Marathon, I am responsible for the full \$2,620 fundraising commitment. Race bibs are non-transferrable.

Team TAPS will provide fundraising guidance and online tools to help you meet your individual fundraising goal.

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 of \$2,620.

Waiver and Release of Liability

_____ I acknowledge that I have voluntarily agreed to participate as a Team TAPS athlete in the 2020 TCS New York City 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 participations (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: _____ Printed Name: _____ Date: _____