



BANK OF AMERICA
BOSTON MARATHON
CHARITY PROGRAM

2025 Boston Marathon® Official Charity Program presented by Bank of America

The Progeria Research Foundation Boston Marathon® Team Application

129th Boston Marathon – Monday, April 21, 2025

Submit by mail: Progeria Research Foundation, PO Box 3453, Peabody, MA 01961

Submit by e-mail: info@progeriaresearch.org

Thank you for your interest in running the Boston Marathon® with **The Progeria Research Foundation!** The required minimum is \$10,000 per runner, but we encourage you to set your fundraising sights high - beyond the basic commitment - and give your fundraising plan careful consideration, as this plan is an integral part of your application.

Applications are reviewed on a rolling basis! All pages of the application must be completed and returned by e-mail or mail and applications will continue to be accepted until all spots are full. Please feel free to attach additional pages to any section if necessary.

Questions? We're here to help! Email us at info@progeriaresearch.org.



You may be contacted to discuss your application. Please note that all information you provide is handled confidentially

CONTACT INFORMATION - Please print clearly

First Name: _____ Last Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Secondary Phone: _____

Email address _____

Employer: _____ Position/Title: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Sex: Female Male Birth Date: _____ / _____ / _____

T-Shirt Size: _____ Singlet Size: _____ Jacket Size: _____

Day of Marathon Shirt Preference: T-Shirt Style Running Shirt: _____ Singlet: _____

What type of runner are you participating in the 2025 Boston Marathon as:

___ I am applying to be a member of the PRF Marathon Team and in need of a bib number

___ I am a time qualified registrant for the 2025 Boston Marathon and have a bib number

Does your company have a matching gifts program? ___ Yes ___ No

Matching Gift Policy: Many companies match employees' charitable contributions. You can check with your employer to see if your company has this program, and ask donors if their employers match gifts. Many companies issue matching gift checks quarterly or semi-annually; therefore if you plan to use a match to reach your minimum, it is your responsibility to contact the matching company to ensure the check will be issued before the race date.

FUNDRAISING EXPERIENCE

Have you participated in a marathon or a pledge event for a charity program before? ___ Yes ___ No

If yes, please complete the following: (Please list all experiences; add lines if necessary)

Name of Event: _____ Non-Profit Name: _____

When did you participate: _____ Amount raised: \$ _____

Name of Event: _____ Non-Profit Name _____

When did you participate: _____ Amount raised: \$ _____

Do you have any other experience fundraising for non-profit organizations? ___ Yes ___ No

If yes, please explain:

What will your personal fundraising goal be? (**Minimum required is \$10,000 if receiving number from PRF!**)

\$10,000 \$12,000 \$15,000 \$20,000 Other \$ _____

Qualified Runners: What will your personal fundraising goal be? (**Minimum required is \$1,500 – You have your own entry/bib number**)

\$1,500 \$2,500 \$4,000 \$5,000 \$6,500 \$8,000 \$10,000 Other \$ _____

What are your ideas for raising these funds? (Please be as specific as possible)

Please note: PRF staff and mentors will schedule fundraising strategy meetings with each teammate to help you reach and exceed your goals this season. In addition, each runner will have a personalized on-line fundraising page.

What other contacts will you be using to help you fundraise?

Please answer the following questions as social media plays an important role in fundraising.

Do you have: _____ Facebook Page (Name on Page _____)

_____ Twitter: (Name of handle: _____) _____ LinkedIn

Instagram: (Name of handle _____)

How did you learn about PRF?

Please describe why you would like to run the 129th Boston Marathon for PRF:

What other community organizations are you involved with and in what capacity?

What is the name of your hometown newspaper(s) _____

RUNNING EXPERIENCE

Have you run a ½ marathon and/or marathon before? If yes, what events and what were your finish times for each:

If no, what is the longest distance you have run? _____

Are you confident that with proper training you could complete a marathon (26.2 miles) in less than 6 hours? (13.5 minutes a mile) _____

Please describe your current weekly exercise/training regime

Do you have any prior injuries or specific reasons to be concerned about your ability to complete a marathon?

_____ Yes _____ No If Yes, Please Explain:

TRAINING AVAILABILITY

PRF plans to hold monthly in-person & Zoom team meetings during training. These may be on weekends or in the evening. We will have exact dates in late November. Do you foresee any conflicts in attending these meetings?
____ Yes _____ No If yes, what is the reason? (Please note if out of state we will provide weekly updates via e-mail)

Benefits to being a part of Team PRF: Professional coaching, group training runs, fundraising support, Marathon Weekend Team Celebrations, Team Apparel and more!



Partnership Terms and Conditions for the 2025 Boston Marathon®

Please read the following carefully and sign at the bottom.

Application Process: Applications will be reviewed on a rolling basis. Once you have submitted your application, PRF will contact you by phone/Zoom to discuss your application further if you are selected to go to the next round in the review process. All team members must be at least 18 years of age, be capable of completing the Marathon in less than six hours and comply with the terms and conditions listed below.

Time Commitment and Resources: Runners are expected to train and fundraise to ensure they meet their financial commitment and complete the Marathon. We are here to support your Marathon goals and ensure that this is a positive experience for the entire team. PRF will provide fundraising support and tips, a voluntary training program with a coach, and monthly meetings. We will actively communicate with you on your fundraising efforts and check in with you frequently on meeting your fundraising targets.

Uniforms: All 2025 PRF Marathon Team members will be required to wear a TEAM PRF singlet or t-shirt provided while participating in the 129th Boston Marathon.

Fundraising Commitment: A fundraising minimum of **\$10,000** is required to join the PRF Boston Marathon Team and receive an individual entry for the 2025 Boston Marathon. There is a \$1,500 fundraising commitment for runners with their own qualified runner bibs.

If you are selected onto the team, a **non-refundable deposit of \$100** will be charged to your credit card, verifying your acceptance. The \$100 will be applied towards your fundraising minimum and holds a Boston Marathon entry number in your name. If you do not meet the minimum donation requirement of **\$10,000 by April 28, 2025** PRF reserves the right to charge the balance owed to your credit card, unless prior arrangements have been made. If you continue to fundraise after your credit card has been processed with the remaining balance, we will reimburse your card upon written request. We will no longer reimburse your card after June 1, 2025. **All PRF Marathon Team members are required to have an on-line fundraising page.**

CANCELLATION POLICY: You may cancel your participation with the PRF Team for the 129th Boston Marathon, waiving your responsibility for the \$10,000 minimum, anytime on or before Jan 11, 2025. To do so, you must contact Audrey Gordon, President & CEO at PRF in writing on or before the cancellation date. Your \$100 deposit fee is non-refundable and any donations raised and received by our office will not be refunded, even if you cancel before Jan 11, 2025. After Jan 11, 2025 you are solely responsible for raising or personally donating the \$10,000 minimum, even if for any reason, including injury, you do not participate in the 129th Boston Marathon.

Matching Gift Policy: Many companies match employee charitable contributions. Check with your employer to see if your company has this program and ask donors if their employers match gifts. Many companies issue matching gift checks quarterly or semi-annually. If you plan to use a match to reach your minimum, it is your responsibility to contact the matching company to ensure the check will be **received before June 1, 2025**. If the company's match cycle is past June 1, 2025, the match cannot count towards your minimum, but will count towards your total amount raised.

B.A.A. Race Entry Fee: PRF will inform you of the details of the B.A.A. race entry after you have been selected to join the PRF Marathon Team. The B.A.A. charges a race application fee of approximately \$375 that **does not count** towards your fundraising minimum. This fee will be collected separately at a later date to cover your entry fee. You should **NOT** contact the B.A.A. directly to secure your number.

I acknowledge and agree that if the 2025 Boston Marathon is cancelled or postponed to another date for any reason, all agreements, representations, warranties and attestations contained herein will apply with equal force to the 2025 Boston Marathon and I will be obligated to submit the basic fundraising commitment.

Release Form and Contribution Agreement:

In consideration of my accepting this entry, I hereby for myself, my heirs, executors and administrators, waive, release and forever discharge PRF, PRF affiliates, and their respective officers, trustees, employees, sponsors, volunteers, coaches, representatives and consultants, the Boston Athletic Association and any and all sponsors of the Boston Marathon and the PRF Marathon Team and all others in any way associated with the Event (collectively, the "Released Parties") from any and all liability, claims, damages, or rights of action of whatever nature or description, in equity or at law, present or future, resulting from or relating to my preparation for and participation in the Event. This means that I will not sue PRF or any of its affiliated persons or entities, or try to hold them legally or financially responsible, for any harm or injury that might relate to my taking part in the Event. I agree to adhere to all stipulations of the Boston Athletic Association and the Boston Athletic Association's Entry Form and Participant's Agreement, Waiver, Release and Acknowledgement as required for official entry in the 2025 Boston Marathon. I acknowledge that it is my responsibility to understand the risks and determine whether I am fit to safely complete this event and the precautions I should take. I attest and certify that my physical condition and ability to safely complete this event have been verified by a licensed medical doctor (except where the latter is in violation of religious principles) and that I am physically fit and have sufficiently trained to complete this event. In addition

I also grant permission for use of my name and/or photograph/video or voice in broadcast, telecast, print or any other account of this event, and all training and events surrounding it, and agree to waive any compensation for such use.

I agree to collect a minimum of \$10,000 (or \$1,500 if I have my own bib number) for PRF by June 1, 2025, unless prior written arrangements have been made. If I have not reached the minimum then, I will personally be responsible for the balance owed. I understand that unless I cancel by Jan 11, 2025, PRF reserves the right to charge the balance I owe to my credit card. 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 PRF.

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 PRF 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 treatment rendered to me including but not limited to medical transport, medications, treatment, and hospitalization of an emergency.

Print Name: _____

Signature: _____ Date: _____

The following person should be contacted in the event of an emergency:

Name: _____ Relationship: _____

Telephone Number: _____ Cell Phone: _____

Allergies to medications _____

Credit Card Information for 2025 PRF Marathon Team

A valid credit card is required to be considered for membership to the 2025 PRF Boston Marathon Team. Please provide the requested information below. By providing us with your credit card information, you agree to being charged for any balance owed on the \$10,000 (or \$1,500 if you have your own entry number) fundraising commitment, as outlined in the Terms and Conditions above.

CREDIT CARD INFORMATION: _____ MasterCard _____ Visa _____ Amex _____ Discover

Name on Card _____

Card Number _____

Expiration Date: _____ (Expiration date must be after 05-06-2025)

Security Code: _____

Billing Address (if different from address on page 1) _____

Signature of Card Holder: _____ Date: _____

The Progeria Research Foundation

PO Box 3453

Peabody, MA 01961

www.progeriaresearch.org

Or

Submit by e-mail to:

info@progeriaresearch.org

Together, we *WILL* find the cure!

