

TEAM KORTNEY

**ING New York city Marathon 2009
November 1, 2009
New York, New York**

Help Us Help Doctors Help Kids

THANK YOU FOR JOINING TEAM KORTNEY!!!

We are very excited to be a charity partner of the ING New York City Marathon 2009 and thank you for choosing to join TEAM KORTNEY. We appreciate that you are making a personal goal of completing the ING New York Marathon 2009 while also dedicating your energy to raising funds for pediatric brain cancer research and awareness through your support of the Kortney Rose Foundation.

SPECIAL NOTE REGARDING APPLICATION

Applications will be reviewed and runners will be notified by email whether they have been selected as a member of our team.

SIGNATURE REQUIRED

I hereby release and discharge TEAM KORTNEY, the Kortney Rose Foundation and/or it's agents, employees, representatives, officers, associates or affiliates, hereinafter referred to as the "released parties," from and against any and all claims, demands, actions, damages, losses, costs, expenses and liabilities arising out of or in connection with my participation in TEAM KORTNEY events and activities in 2009. I further agree that I will not sue or make claim against any of the released parties for damage or other losses sustained as a result of my participation in TEAM KORTNEY. I understand that participating in a marathon is a physically demanding activity, and I am in good health and prepared to take on the challenge of a marathon. Please contact your physician before beginning any new exercise regimen.

X _____

SIGNATURE

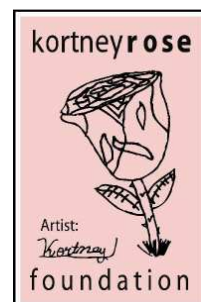
DATE

X _____

SIGNATURE OF PARENT OR LEGAL GUARDIAN (IF UNDER 18)

DATE

**41 Summerfield Ave., Oceanport, NJ 07757
Phone: 732-222-1491 Fax: 732-695-2901
www.thekortneyrosefoundation.org**



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TEAM KORTNEY APPLICATION			
PERSONAL INFORMATION			
Last:		First:	Middle:
Title (Mr., Mrs., Sgt., etc.)/Other Name(s) Used: (optional)			
Address:		City:	
State:	Zip:	Home Phone:	Cell Phone:
Email:		Date of Birth (mm/dd/yyyy):	
Gender: Male Female			
Occupation:			
Employer (optional):			
How Would you describe your fitness level/running experience?			
Have you ever participated in a half-marathon or a marathon before? Yes No		If so, when and what was your time?	
What is your shirt/singlet size? Please circle: MALE FEMALE S M L XL XXL(When Available)			

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Already registered with the ING New York City Marathon 2009?

Yes

No

Entrant #: _____

Predicted Finish Time

:

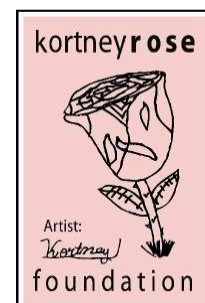
Today's Date:

ADDITIONAL QUESTIONS

How did you find out about TEAM KORTNEY?

Why do you want to join TEAM KORTNEY?

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TEAM KORTNEY PARTICIPANT DONATION FORM

I, _____, pledge my commitment to TEAM KORTNEY with a \$35 check donation to be reflected in my fundraising for the Kortney Rose Foundation. I understand that if my fundraising minimum or \$2,500 (or \$1,500 if already registered with the ING New York City Marathon 2009) has not been reached two weeks prior to race day (October 18, 2009) that I am personally responsible to pay in full the remaining funds owed.

Name: _____		
Phone #: _____		
Address: _____		
City: _____	State: _____	Zip: _____

PLEASE MAIL OR FAX TO:

Attn: Kristen Gillette
The Kortney Rose Foundation
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