



“Ya Gotta Believe”

Hospital Hill Run
June 6, 2009 | Kansas City, Kansas

Team McGraw and beHeadStrong are joining forces and lacing up to make a difference at the 36th Annual Hospital Hill Run in Kansas City this June. Grab your shoes and get ready to run, walk, or cheer as part of this exciting event!

Participants representing Team McGraw and beHeadStrong will receive consistent support in their goals to complete their chosen event. Each will also be encouraged to show his/her support for the Tug McGraw Foundation and beHeadStrong through raising awareness and fundraising.

The minimum fundraising requirement for each event is as follows: \$100 for the 5K, \$200 for the 10K and \$300 for the Half Marathon. To show your commitment to your fundraising goal, we ask for a \$35 credit card donation that counts toward your commitment prior to the sending out of our welcome package containing apparel and additional materials.

Athletes participating as part of Team McGraw and beHeadStrong will be supported as follows:

- Detailed training programs
- Expert coaching accessibility
- Goody bags
- Team camaraderie
- Personal web page for online fundraising
- Official racing singlet
- Fundraising incentives
- Downloadable fundraising and media tools

Instructions

After completing the attached application, please email to marathon@tugmcgraw.org. You may also mail or fax this application to “Team McGraw” through the Tug McGraw Foundation office at the address located at the bottom of this page.

PERSONAL INFORMATION

Last:	First:	Middle:
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Which event do you want to participate in? Please circle:

5K 10K Half Marathon

PREDICTED FINISH TIME: _____

Today's Date: ____/____/____

ADDITIONAL QUESTIONS

How did you find out about Team McGraw and/or beHeadStrong?

Is there someone in particular that you would like to run on behalf of? If not, would you like us to pair you with someone?
Y/N

Why do you want to join Team McGraw and beHeadStrong at the Hospital Hill Run?

THANK YOU FOR JOINING TEAM McGRAW and beHeadStrong!

1303 Jefferson St. Suite 100B, Nap CA 94559
Phone: 707.255.1884 -- Fax: 707.255 1926
www.tugmcgraw.org





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Thank you for your choice to join Team McGraw and beHeadStrong. We look forward to working together to see you meet your personal goal of completing the Hospital Hill Run 2009 in Kansas City, Kansas, and we appreciate your dedication in supporting the Tug McGraw Foundation and beHeadStrong.

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. Please note that a separate registration for the Hospital Hill Run is required.

SIGNATURE REQUIRED

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

I hereby make a commitment upon my acceptance to Team McGraw and beHeadStrong to meet the fundraising minimum required as stated above. I understand that if my commitment has not been reached by race day that I am personally responsible to pay in full the remaining funds owed to meet my minimum commitment.

I further understand that my name, photograph, voice or likeness may be used by Team McGraw, beHeadStrong, their sponsors, beneficiaries, licensees, affiliates and employees. I consent to and authorize, in advance, such use and waive all rights of privacy I have in connection therewith, and I understand that I will not benefit financially from any use thereof.

X _____
SIGNATURE DATE

X _____
SIGNATURE OF PARENT OR LEGAL GUARDIAN (IF UNDER 18) DATE

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PARTICIPANT DONATION FORM

I, _____, pledge my commitment to Team McGraw and beHeadStrong with a \$35 donation to be reflected in my fundraising for the Tug McGraw Foundation and beHeadStrong. I understand that if my fundraising minimum (\$100 for 5K, \$200 for 10K, \$300 for Half Marathon) has not been reached by raceday (June 6, 2009) that I am personally responsible to pay in full the remaining funds owed.

Name: _____	Phone #: _____	
Address: _____		
Zip Code: _____	Amount \$: _____	
Card #: _____	Exp. Date: _____	CCV Code: _____

**CCV Code: For VISA, MasterCard and Discover, the number is the last 3 digits on the Signature Panel on the back of the card. For American Express, look for a 4-digit number printed above your account number on the face of the card.*

PLEASE MAIL OR FAX TO:

Attn: Alison Coelho
Tug McGraw Foundation
1303 Jefferson Street, Suite 100B
Napa, CA 94559
Phone: 707.255.1884
Fax: 707.255.1926