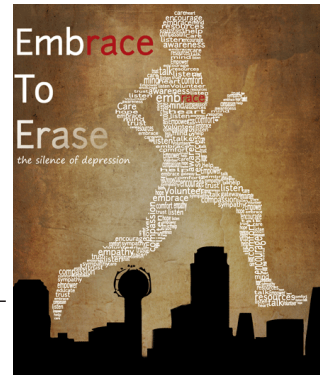


Embrace to Erase Marathon
benefiting CONTACT
Runner Race Registration Form

P.O. Box 800742 • Dallas, TX 75380
www.contactmarathon.org
Questions? Contact: Maria Espinosa
972-233-0866 ext. 320
mespinosa@contactcrisisline.org



A. Your Information

First Name _____ MI _____
 Last Name _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Primary Phone _____ Mobile Phone: _____
 E-mail Address _____
 Birth Date (mm/dd/yy) ____/____/____ Gender Male Female
 T-shirt Size: S M L xL 2xL

B. Please Select: Full Marathon Half Marathon Relay Team
Dallas White Rock Marathon December 4, 2011 at Fair Park

C. Registration Fee

Your registration fee for CONTACT's 2011 **Embrace to Erase Marathon** is not refundable and will not be credited toward your fundraising goal (Submit this in person, provide credit card information below by fax, phone, online or mail a check to the address shown at right)

- Full Marathon Runner- \$150.00
- Half Marathon Runner- \$125.00
- 5 Person Relay Team- \$75.00 per runner

Attached is payment to CONTACT for \$_____

Please charge \$_____ to my credit card as follows

*** Credit Card Information is required in all cases to cover the minimum fundraising goal**

- AMEX MasterCard Visa Discover

Credit Card Number _____
 Name on Card _____ Exp. Date ____
 Billing Address _____ City _____ State ____ Zip Code _____

I hereby authorize CONTACT to charge all amounts due from me to meet my Fundraising Minimum (and not remitted by me in another form at the appropriate deadlines) on the credit card listed above, and I agree to provide information for a substitute credit card in the event that CONTACT's charges to the listed credit card are rejected.



C. Explanation and Expectations

Each Runner and relay team will have a minimum fundraising goal, along with dates for recommitment deadlines and total fundraising deadline. The dates and amounts are below:

Date	Individual Full Marathon	Individual Half Marathon	Relay Teams
Wed. October 5, 2011 25% Fundraising Goal	\$500	\$375	\$625 team total (\$125 per relay runner)
Thurs. December 1, 2011 Minimum Fundraising Goal	\$2,000	\$1,500	\$2,500 team total (\$500 per relay runner)
Thursday, December 15, 2010 Total Fundraising Deadline			

On your Recommitment Deadline, CONTACT will ask you to recommit to your fundraising goal by completing race paperwork. On that date, if you have not raised 25% of your minimum, you will be required to secure your event slot by credit card for any shortfall to meet the 25% amount. Your Minimum Guarantee Deadline will be one week prior to your race. If you have not reached your full fundraising goal by that deadline, your credit card will be charged the remaining fundraising minimum for your event to permit your continued participation. You can continue to raise funds through your Total Fundraising Deadline, which is two weeks following your event. You will be reimbursed any credit card charges from the Minimum Guarantee Deadline for amounts raised prior to the Total Fundraising Deadline. If you are on a Relay Team your Captain may elect to have any shortfall charged to his/her card, in which event it is your responsibility to address your shortfall with your Captain. Corporate matching gifts can be credited toward your fundraising when CONTACT has completed and submitted its portion of matching gift documentation.

D. Emergency Contact Information

In case of emergency, please contact:

1st Contact

Name: _____

Phone: _____ Relationship: _____

2nd Contact

Name: _____

Phone: _____ Relationship: _____

E. Relay Team *(relay team runner complete only)*

If Relay Team, please provide (if known) the:

Team name _____

Captain's Name and Address: _____

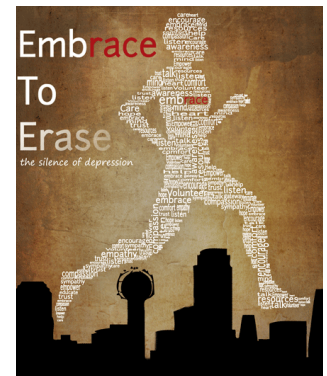
Team Member #2 Name and Address: _____

Team Member #3 Name and Address: _____

Team Member #4 Name and Address: _____

Team Member #5 Name and Address: _____

P.O. Box 800742 • Dallas, TX 75380
www.contactmarathon.org
 Questions? Contact: Maria Espinosa
 972-233-0866 ext. 320
 mespinosa@contactcrisisline.org

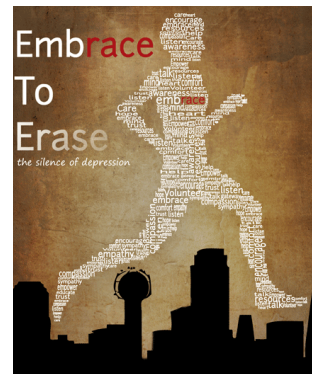


CONTACT

P.O. Box 800742 • Dallas, Texas 75380 • www.contactcrisisline.org
 Office 972.233.0866 • FAX 972.233.2427

F. Participant Liability, Consent, Warranties and Release

P.O. Box 800742 • Dallas, TX 75380
www.contactmarathon.org
 Questions? Contact: Maria Espinosa
 972-233-0866 ext. 320
mespinosa@contactcrisisline.org



_____, (the "Participant") intending to be legally bound, understand and agree that I am voluntarily participating on CONTACT's 2011 **Embrace to Erase Marathon** team (the "Program") and all of its activities including, but not limited to, training for and participating in the White Rock Marathon on Dec. 4, 2011 (collectively, the "Event") at my own request and at my own risk. I acknowledge that I understand that participation in the Event is potentially hazardous, that there are certain inherent risks that cannot be completely eliminated ranging from minor injuries to catastrophic injuries including death, and that I should not participate unless I am medically able and properly trained. I am aware of the risks inherent in training for and participating in the Event and certify that I am physically fit, have not been otherwise informed by any physician and know of no restrictions, including any imposed on me by any physician, that would in any way prevent me from actively and safely participating in the Event.

In consideration of CONTACT Crisis Line ("CONTACT")'s sponsorship of this Campaign and my being permitted to participate in the Event to benefit the 2011 **Embrace to Erase Marathon**, I, on behalf of myself, my successors in interest, heirs, assigns, and representatives, hereby fully release and hold harmless CONTACT and its Officers, Trustees, Directors, agents, employees, volunteers, any medical providers working for or on behalf of the Program and/or Event, any sports trainers assisting me in connection with the Program and/or the Event, and representatives, successors and assigns (be they individuals or organizations), together with their insurers and sponsors (collectively, the "Organization"), of and from any and all liability, claims, damages, actions and causes of action whatsoever on account of any loss, damage or injury to person (including death) or any other loss or inconvenience whatsoever, suffered by me at any time hereafter arising out of my voluntary participation in this Event and/or Program, whether resulting from the Organization's negligence or otherwise (collectively, "Liabilities").

I also hereby release and agree to hold harmless the Organization for any medical care given, and/or the failure to give any medical care, in connection with the Event and/or Program or any training on my part leading up to the Event, and I hereby acknowledge and agree that I am assuming all risk in connection with the Event and preparation for the Event, and that the Organization shall have no obligation whatsoever for my physical condition or any injuries I might suffer in connection with the Event and my preparation (or the lack thereof) for the Event.

I also give permission to the Organization to free use of my name, picture and voice in any broadcast, telecast, print account, web interface (including social media), or any other account in any medium of this Event and/or the Program (the "Personal Release").

I hereby represent and warrant to the Organization that I have full legal authority to complete this registration on behalf of myself and/or any party I am registering (the "Registrants"), including full authority to make use of the credit card to which all fees and fundraising amounts will be charged. If I am registering a child under the age of 18 or an incapacitated adult I represent and warrant that I am the parent or legal guardian of that party and have the legal authority to enter into this agreement on their behalf and by proceeding with this registration, I agree that the terms of this registration form and all of the provisions of this Liability, Consent, Warranties and Release (the "Release") shall apply equally to all Registrants. If I am registering a child under the age of 13, I agree and consent to the collection of that child's information which I provide for the purposes of registration.

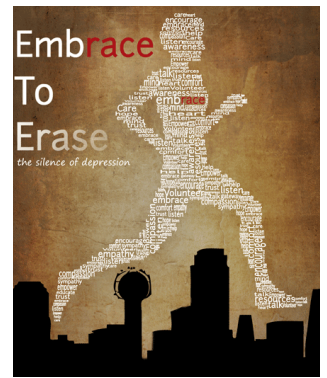
Notwithstanding that CONTACT may have provided the name of one or more professional trainers, I acknowledge that the Organization is not responsible for the actions, omissions, advice or qualifications of any professional trainer that I retain, and I hereby release and agree to hold harmless CONTACT from any and all Liabilities whatsoever, arising out of my training for the Event and/or the actions or advice of any professional trainer.

I understand that my use of any web site (including CONTACT's web site) in connection with the Event and/or the Program, and any content thereon, is entirely at my own risk, and I hereby expressly disclaim any warranties, express or implied, including, without limitation, the implied warranties of merchantability, fitness

CONTACT

P.O. Box 800742 • Dallas, Texas 75380 • www.contactcrisisline.org
 Office 972.233.0866 • FAX 972.233.2427

P.O. Box 800742 • Dallas, TX 75380
www.contactmarathon.org
Questions? Contact: Maria Espinosa
972-233-0866 ext. 320
mespinosa@contactcrisisline.org



for a particular purpose, freedom from infringement, freedom from viruses. I also hereby acknowledge that (a) CONTACT does not warrant that the operation of its web site will be error free, inaccessible to unauthorized parties, free from data loss or alteration, free of viruses or other harmful components, or without interruption, or that defects will be corrected, (b) CONTACT does not warrant and cannot guarantee the accuracy or completeness of the information, text, graphics, links and other items received through the web site, (c) under no circumstances shall CONTACT be liable for any damages, including indirect, special, incidental or consequential damages that may arise in connection with use of its web site; or from unauthorized access to or alteration of my transmissions or data; or from use of, or inability to use, its web site by any person; or in connection with any failure of performance, error, omission, interruption, defect, delay in operation or transmission, computer virus or line or system failure; or disclosure of information; even if CONTACT is advised of the possibility of such damages, losses or expenses, (d) CONTACT makes no representations concerning the information provided in any web sites linked to CONTACT's web site nor the quality or acceptability of the products and/or services offered by the companies referenced in those sites, (e) all liability with respect to accuracy, reliability and/or quality of third party content shall remain with the respective content provider, and (f) I shall have no remedy against CONTACT with respect to same, and I hereby release CONTACT from any and all claims related to my use of the web site. I agree to take appropriate measures to safeguard my data and information from web site malfunction and security risks. I acknowledge that the presence of a link or advertisement by CONTACT or any other web site does not indicate that CONTACT endorses, is affiliated with or bears any responsibility for the content on that site, or that the owner of that linked site is affiliated with, or endorses, or bears any responsibility for CONTACT or CONTACT's web site.

I understand and further agree that if, despite this Release, I, or anyone on my behalf, make a claim against any of the Organization parties, I will indemnify, defend, and hold harmless each of the Organization parties from any such claim, and for any other liability which may be incurred as a result of such claim.

I also understand that the entry fees and fundraising amounts are not refundable, even if I do not participate in the Event.

This Release will be governed by and subject to the laws (except the choice of law principles) and exclusive jurisdiction of the courts of the State of Texas.

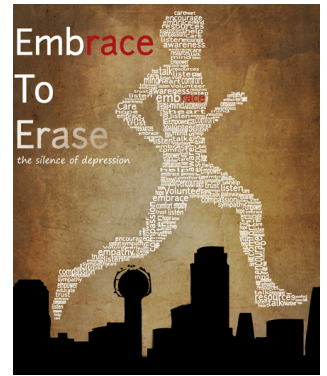
____please initial

CONTACT

P.O. Box 800742 • Dallas, Texas 75380 • www.contactcrisisline.org
Office 972.233.0866 • FAX 972.233.2427

G. 2010 Embrace to Erase Marathon Agreement

P.O. Box 800742 • Dallas, TX 75380
www.contactmarathon.org
Questions? Contact: Maria Espinosa
972-233-0866 ext. 320
mespinosa@contactcrisisline.org



As a volunteer supporting CONTACT and its mission, I agree:
(all must be checked)

- That I am 18 years of age or older or have the signature of my parent or legal guardian below.
To provide a non-refundable registration fee.
That I have read and understand all information presented on both sides of this registration form.
To raise the corresponding minimum fundraising goal for my event.

By executing this Runner Race Registration Form in the space provided below, the undersigned represents and warrants to CONTACT that he/she understands the terms and conditions set forth herein, including all waivers and releases of liability, that he/she agrees to be legally bound by the terms, conditions, waivers and releases set forth herein, that he/she agrees to raise at least the minimum fundraising goal set forth above by the Total Fundraising Deadline, and that he/she certifies that all of the information contained herein is true and correct to the best of his/her knowledge.

Print Your Name _____

Signature _____ Date ____/____/____

If under the age of 18:

Print Name of Parent or Legal Guardian _____

Relationship _____ Signature _____

