

**26.2 for AU**  
**2024 Boston Marathon Charity Program**

Mail or email completed application to:  
Newton Athletes Unlimited  
Attn: Mark Kelly  
246 Dudley Road  
Newton, MA 02459  
[mkelly@newtonma.gov](mailto:mkelly@newtonma.gov)



**Please Print Clearly**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Preferred Email Address: \_\_\_\_\_

I would like to be contacted at: \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell

Does your company have a matching gifts program? \_\_\_\_\_ Yes \_\_\_\_\_ No

T-shirt size: \_\_\_\_\_

## Running Experience

What is the average number of miles per week that you have run during the past three months? \_\_\_\_\_ miles per week

What has been your longest training run during the past three months? \_\_\_\_\_ # of miles

Have you ever participated in the Boston Marathon before?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please list the most recent year and time it took you to complete it:

\_\_\_\_\_

If no, have you ever completed another full marathon (26.2 miles)?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, when, where, and how long did it take you (list most recent first)

Date: \_\_\_\_\_ Location: \_\_\_\_\_ Time: \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_ Time: \_\_\_\_\_

Are you able to complete a marathon within 6 hours?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Please list the three most recent road races in which you completed (if any):

	Date	Location	Distance	Time
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Do you currently belong to a running club?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, which one? \_\_\_\_\_

If no, are you able to join a running club with a program to train for the Boston Marathon? Yes: \_\_\_\_\_ No: \_\_\_\_\_

## Fundraising Experience

Have you participated in a marathon/road race charity before?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, what is the most recent charity for whom you raised funds, and how much money did you raise?

Charity Name: \_\_\_\_\_ Amount Raised: \$\_\_\_\_\_

Please describe any other fundraising experience you have (which charities, how much raised, etc)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

What will your fundraising goal be for the Newton Athletes Unlimited program?

(Minimum \$5,000) \$\_\_\_\_\_

The Athletes Unlimited program will provide all runners with promotional material regarding the program, pledge cards and sample fundraising letters. In addition to this, please provide a specific plan or ideas that you have to raise the fundraising minimum.

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Please answer the following questions so that we can get to know you a little better.

How did you learn about the Newton Athletes Unlimited marathon program?

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Please describe why you would like to run for the Newton Athletes Unlimited program?

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Do you have any family members, friends, or co-workers with disabilities?

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**Athletes Unlimited Terms and Conditions  
2024 Boston Marathon Charity Program**



**Fundraising Commitment:** A minimum fundraising commitment of \$5,000 is required to join the Athletes Unlimited Marathon Team and receive an invitational entry for the 2024 Boston Marathon. This fundraising commitment is due by race day April 15, 2024.

**B.A.A Registration:** The Athletes Unlimited program will inform you of the details of the B.A.A. registration after your application is accepted. The B.A.A. charges a \$370 race application fee that does not count toward your fundraising commitment.

**Matching Gifts Policy:** Many companies match employees' charitable contributions. You can check with your employer to see if your company has this program and ask your 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 April 15, 2024. If the company's match cycle is past April 15, 2024, the match cannot count towards your minimum, however donations received after April 15 will be accepted.

**Release Form and Contribution Agreement:** In consideration of my accepting this entry, I hereby for myself, my heirs, executors and administrators, waive and release any and all rights for claims and damages I may have against the Athletes Unlimited Newton MA, Inc its employees, volunteers, officers and sponsors for any and all injuries suffered or sustained by me in said event, in the training and planning sessions for said event, or travel to or from any of the preceding. I further attest and certify that I am physically fit and have sufficiently trained for competition in the event, and a licensed medical doctor has verified my physical condition. I also grant permission for use of my name and/or photograph or voice in broadcast, telecast, print or any other account of this event and agree to waive any compensation for such use. I agree to collect a minimum of \$5,000 for the Athletes Unlimited program by April 15, 2024. If I have not reached the minimum in sponsorships by that date, I will personally be responsible for the balance owed. 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 Newton Athletes Unlimited.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Allergies to medications: \_\_\_\_\_

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If my application is accepted, I agreed to the above terms and conditions and will participate in the 128th running of the Boston Marathon on Monday April 15, 2024 on behalf of the Athletes Unlimited program. In exchange for an official number to the race, I have agreed to raise a minimum of \$5,000 for the Athletes Unlimited program.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**\$5,000**

(Minimum amount needed to raise)

Participant gets 2024 Boston Marathon celebration jacket, race singlet, shorts or pants

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