

PLEASE READ CAREFULLY:

*In order to be registered for the 2020 Bank of America Shamrock Shuffle **you must complete and email this four page contract to marathon@latinospro.org by March 11, 2020. Slots will be filled on a first-come, first-served basis, so please try to submit the contract as soon as possible.***

Upon submission of the contract, please be on the lookout for further registration steps.

PERSONAL INFORMATION

Participant's name: _____

Date of Birth: _____

Mobile phone #: _____

Preferred e-mail: _____

Home address: _____

Home city: _____ State: _____ Zip code: _____

Company name: _____

Job title: _____

Emergency contact name and #: _____

Special medical conditions (if not applicable, write N/A): _____

Who can we thank for your referral or how did you hear about Team Latinos?

Does your employer match charitable donations? Yes _____ No _____

LIABILITY WAIVER

I, the undersigned participant, agree to indemnify and hold harmless Latinos Progresando from all cost, expense, and liability arising out of my participation in the Run for Latinos 2020 Bank of America Shamrock Shuffle team. I do hereby waive all claims for damage or loss to my person or property which may be caused by any act or failure to act, by Latinos Progresando, its officers, agents, or employees arising directly or indirectly from my participation in this event. I hereby assume liability for any loss, damage, or other liability from such event.

I give Latinos Progresando permission to obtain and reproduce any picture or video of me to use in any and all media, exclusively for the purpose of marketing. (A parent or legal guardian is required to sign below, *in addition to and on behalf of the participant*, if the participant is under the age of 18.)

I understand that registering for the Bank of America Shamrock Shuffle is separate from any Team Latinos paperwork. I understand that entries are non-refundable, non-transferable and may not be donated to future years.

Participant's signature: _____ Date: _____

Parent/Guardian's signature (if applicable): _____ Date: _____

CREDIT CARD AUTHORIZATION

I am committing to raise a minimum of \$350 for Latinos Progresando (LP) as part of my charity guaranteed entry to the 2020 Bank of America Shamrock Shuffle.

I acknowledge that, based on the Bank of America Shamrock Shuffle guidelines, my 2020 charity guaranteed entry is non-transferrable and cannot be deferred to subsequent years, even in the case of an injury.

In the event that Latinos Progresando has not received \$350 from my fundraising by April 30, 2020. I understand that I will make my own donation to reach this minimum goal. I therefore permit Latinos Progresando to charge my credit card on May 1, 2020 for the difference between my fundraising total and \$350, if my fundraising total is less than \$350.

I understand there will be no refunds for any reason, and that I will still be required to fundraise \$350 even if I am unable to run the Shamrock Shuffle due to injury or any other personal reason. If I am, for any reason, unable to participate in the 2020 Bank of America Shamrock Shuffle, all money raised will remain with the charity named above and cannot be counted toward a future race entry.

I have read the Credit Card Authorization terms carefully and understand my commitment to raise least \$350 by April 30, 2020.

Participant's name: _____

Participant's signature: _____ Date: _____

CREDIT CARD INFORMATION

Credit Card Type (circle one)    

Credit card #: _____ CC: _____ Expiration: _____

Name on card: _____

Billing address: _____

City: _____ State: _____ Zip code: _____

The following signature authorizes Latinos Progresando to charge the credit card number above, solely for the purposes of the 2020 Bank of America Shamrock Shuffle. The credit card information above will be securely destroyed immediately after processing. Please provide a credit card that has an expiration date later than October 2020.

SPECIAL NOTE: In order to confirm credit card details, Latinos Progresando will charge your credit card \$1.00. This amount will be applied to your personal fundraising commitment.

Card holder's signature: _____ Date: _____