



## APPLICATION TO PARTICIPATE IN THE 2026 UNITED AIRLINES NYC HALF MARATHON WITH TEAM BCRF ON MARCH 15, 2026

| Name:   | Date of Birth: |                       |                     |
|---|----------------|-----------------------|---------------------|
| Address:  |                |                       |                     |
| City, State, Zip:                                 |                |                       |                     |
| Phone:  | Email:         |                       |                     |
| Athletic Fit T-Shirt Size:                        |                | _ (Circle Shirt Style | : Men's or Women's) |
| Have you ever previously supported BCRF?          |                |                       |                     |
| Have you ever participated in the NYC Half Mar    | athon: YES:    | N                     | O:                  |
| If yes, did you run for charity? Which cha        | rity?          |                       |                     |
| How much money did you raise?                     |                |                       |                     |
| Why do you want to run for TEAM BCRF?             |                |                       |                     |
|   |                |                       |                     |
|   |                |                       |                     |
|   |                |                       |                     |
|   |                |                       |                     |
| What is your personal fundraising goal (\$1,500 m | inimum)?       |                       |                     |
| Credit Card (circle one): Visa Mastercar          | d Amer         | ican Express          | Discover            |
| Name on Card:                                     |                | _                     |                     |
| CC Number:  |                |                       |                     |
| Expiration Date:                                  |                |                       |                     |
| Security Code:                                    |                |                       |                     |
| Billing Street Address:                           |                |                       |                     |
| City, State, Zip:                                 |                |                       |                     |
| Billing Phone Number:                             |                |                       |                     |

<sup>\*\*</sup>Your credit card will not be charged at this time.

## **OFFICIAL CHARITY PARTNER**





## Release and Waiver

AY RE NEW YORK ROAD RUNNERS

If selected to run for TEAM BCRF, I will participate in the 2026 United Airlines NYC Half Marathon with TEAM BCRF and 100% of the proceeds I raise will be donated to the Breast Cancer Research Foundation® (BCRF). BCRF has the right to publicly announce my participation in the 2026 United Airlines NYC Half Marathon as a member of TEAM BCRF. I have been notified that BCRF is not liable for any injuries suffered in connection with my participation in this race or training and I hereby waive any rights I, my heirs, or any other person or entity may have for any claims or damages against BCRF. I will raise a minimum of \$1,500 for BCRF, even if I am unable to participate in the 2026 United Airlines NYC Half Marathon or if the 2026 United Airlines NYC Half Marathon is canceled for any reason. I understand that all donations processed by BCRF are non-refundable and non-transferable even if I do not participate in the 2026 United Airlines NYC Half Marathon. I understand that if I do not reach the minimum fundraising goal of \$1,500 by 3/8/25, my credit card will be charged the difference between my total as of 3/8/25 and the \$1,500 minimum. Failure to reach this minimum by 3/8/25 will result in my removal from the 2026 United Airlines NYC Half Marathon. I agree to abide by all rules of the New York Road Runners (www.nyrr.org) relating to my participation in the 2026 United Airlines NYC Half Marathon and on TEAM BCRF.

| By signing the application, I agree that I have read the terms and conditions | avove. |  |
|---|--------|--|
|   |        |  |
|   |        |  |
| Participant Signature   | Date   |  |

Please return the completed form by email to Christine Ward at <a href="mailto:cward@bcrf.org">cward@bcrf.org</a>.

Applications must be received by December 12, 2025 and will be reviewed on a first come first serve basis.

The names of selected runners will be announced no later than December 22, 2025.

For additional questions, please call (646) 497-2638 or visit <a href="www.bcrf.org">www.bcrf.org</a>.