



TCS NEW YORK CITY MARATHON 2026: RUNNER CONTRACT

Thank you for your interest in joining the **Mount Sinai Adolescent Health Center (MSAHC)'s Run For Teens Team**. On **Sunday, November 1, 2026** the team will represent MSAHC in the TCS New York City Marathon, raising awareness and funds for free comprehensive medical and mental health care for young people ages 10 to 26.

Participants of the Marathon team are guaranteed entry into the 2026 TCS New York City Marathon in exchange for a commitment to raise funds.

*****All participants must raise a minimum of \$3,500 to support MSAHC*****

*****Runners who have not met their fundraising minimum (or paid any remaining balance) by Tuesday, October 20, 2026 will be removed from the race and will not be able to check in on November 1, 2026.*****

Please save and e-mail your completed binding contract to AHCMarathon@mountsinai.org.

RUNNER INFORMATION (all fields are required):

Today's Date (mm/dd/yyyy):

First Name:

Last Name:

Address:

City:

State:

Zip:

Email:

Preferred Phone:

Preferred Phone 2:

Date of Birth:

Employer:

How did you learn about the Mount Sinai Adolescent Health Center's *Run For Teens* Team?

Why are you interested in running as part of our team?

T-Shirt Size (select one):

M/F

Small

Medium

Large

XL



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T: 212.423.2900 • F: 212.423.2920
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Mount Sinai Adolescent Health Center

FUNDRAISING QUESTIONS:

*****All participants must raise a minimum of \$3,500 to support MSAHC*****

What is your personal fundraising goal?

How do you plan to reach your fundraising goal?

Have you ever raised funds for an athletic event before? Yes No
If yes, please specify the event and amount raised.

Does your employer match charitable contributions? Yes No
If yes, please specify employer, and provide the name/contact information (phone, email) for the Matching Gift Contact.

MARATHON HISTORY AND GENERAL MARATHON INFORMATION:

Have you ever run a marathon before? Yes No
If yes, how many marathons have you run?
How many times have you run the TCS New York City Marathon?

Were you a member of MSAHC's Run For Teens Marathon Team last year? Yes No

What is your expected finish time for the 2026 TCS New York City Marathon?

Have you already received guaranteed entry into the Marathon through NYRR? Yes No

Have you **applied** for the 2026 TCS New York City Marathon **through the lottery**? Yes No
If yes, please provide entry # here:

Have you already **received entry** into the Marathon **through the lottery** for 2026? Yes No

Is there anything else you would like to share about your interest in joining the team?

Please save and e-mail your completed application to AhcMarathon@mountsinai.org

Thank you for your support! Someone from the Mount Sinai Adolescent Health Center will contact you shortly after submission to confirm the status of your placement on the team.

Questions? Email AhcMarathon@mountsinai.org or call 212-423-3097.



Mount Sinai Adolescent Health Center Marathon Team: Terms and Conditions

Please review carefully prior to signing

This document constitutes a binding contract for the MSAHC Run For Teens Marathon team. Your signature verifies that you have read and agreed to the terms and conditions below regarding the fundraising requirements and deadlines, as well as your responsibilities should you either choose not to move forward or become unable to run the Marathon in November 2026.

Fundraising Commitment: A \$3,500 minimum fundraising commitment is required to join the Run For Teens Marathon Team and receive an invitational entry for the 2026 TCS New York City Marathon, which will take place on **Sunday, November 1, 2026**.

Valid credit card information must be included with your signed contract for placement on the MSAHC Run For Teens Marathon Team. In the event that you do not meet the minimum donation requirement by **Tuesday, October 20, 2026 at 5:00 p.m.**, Mount Sinai Adolescent Health Center reserves the right to charge the balance owed to your credit card. *****Runners who have not met their fundraising minimum (or paid any remaining balance) by October 20, 2026 will be removed from the race and will not be able to check in on November 1, 2026.*****

Cancellation Policy:

If, for some unforeseen reason, you need to withdraw from the Run For Teens Marathon team, the following terms apply:

- A runner who is unable to participate in the 2026 TCS New York City Marathon may cancel their entry and receive guaranteed entry to 2026 as long as they complete the minimum fundraising requirement by the October 20, 2026 deadline. The runner will have guaranteed entry for the 2027 TCS New York City Marathon and it will be their responsibility to register during the general entry registration period and pay the race registration fee in 2027.
- All withdrawals are responsible for a **\$75.00 fee** incurred to MSAHC for the replacement of the Marathon spot.
- If you withdraw **any time on or after Wednesday, July 15, 2026**, you are responsible for raising the **\$3,500 minimum** fundraising commitment. **No exceptions will be made.**
- If you are injured and unable to run on November 1, but meet the fundraising minimum by the October 20 deadline, you may defer your guaranteed Marathon entry until 2027. You *will* be required to pay the race registration fee and fundraising minimum for 2027.

For the above conditions to apply, you must contact AhcMarathon@mountsinai.org at the Mount Sinai Adolescent Health Center, in writing, on or before the cancellation dates. **** Please note: Donations raised and received by the Mount Sinai Adolescent Health Center will not be refunded, even if you cancel before Wednesday, July 15, 2026.***

Race Registration and Fee: MSAHC will inform you of the details for registration if and when your TCS New York City Marathon application is accepted. **The TCS New York City Marathon charges a race registration fee that does not count toward your fundraising minimum.** This fee will be collected at a later date by the New York Road Runners and is **not paid for by MSAHC.**

Matching Gift Policy: Many companies match their employees' charitable contributions. We encourage you to check with your employer to see if your company has a matching gift program, and to ask your donors if their employers match gifts. It is **your** responsibility to contact the matching company to ensure the matching gift funds will be issued before **Tuesday, October 20, 2026.**

In order for Matching Gifts to count toward your fundraising goal, the Mount Sinai Adolescent Health Center must receive the actual funds (rather than just the Matching Gift pledge) by the fundraising deadline of **Tuesday, October 20, 2026 at 5:00 p.m.** Matching Gifts received after that date will be added to your total, but **your fundraising deadline will not be extended to wait for a Matching Gift.**

Liability Waiver and Release Form and Contribution Agreement:

- I hereby grant permission to Mount Sinai Adolescent Health Center to use my name and/or photograph, voice or other likeness in broadcast, telecast, print, social media, or any other account of this event for any legitimate purpose.
- I agree to abide by the rules of the TCS New York City Marathon as stated in all official race information.
- I agree to collect a minimum of **\$3,500** for MSAHC by **Tuesday, October 20, 2026**. If I have not reached the minimum in sponsorship by that date, I understand that I will be personally responsible for the balance owed, unless appropriate cancellation arrangements (as outlined above) have been made.
- I understand that if I cancel **before Wednesday, July 15, 2026**, MSAHC reserves the right to bill a cancellation fee of **\$75.00** to my credit card.
- I understand that I will need to pay **NYRR the race registration fee upon registering with NYRR**, and I understand that this fee to NYRR is not included in the fundraising minimum.
- I understand that if I cancel on or after **Wednesday, July 15, 2026**, MSAHC reserves the right to bill **the remaining balance on the \$3,500** I owe to my credit card.

- I understand that if the race cannot be held for any unforeseen circumstance, any funds raised by me will not be refunded.

CREDIT CARD INFORMATION:

Cardholder's Name:

Credit Card Type: ☐ American Express ☐ Visa ☐ MasterCard ☐ Discover

Credit Card Number:

Expiration Date:

Security Code:

Is this a (circle one): personal card, Mount Sinai corporate card, or non-Mount-Sinai corporate card?

By signing below, you agree to all terms and conditions set forth herein, and authorize the Mount Sinai Adolescent Health Center to charge your card in the event that you do not fulfill your fundraising commitment.

Print Applicant Name

Date

Applicant's Signature