

# NJ Walks for TS at Mendham

# Sponsorships

NEW JERSEY



WALKS FOR TS

The 5<sup>th</sup> annual **NJ Walks for TS at Mendham** on November 15, 2014 at Borough Park in Mendham is New Jersey's largest Tourette Syndrome (TS) fundraising event. This family fun run/walk event promotes awareness, acceptance, action and advocacy of TS, which affects an estimated 1 in every 100 children.

Proceeds from this event support NJCTS' **Education Outreach Programs**, which educate students, teachers and medical professionals about TS and promote anti-bullying initiatives and advocacy training for TS youth.

Sponsor Benefit	\$5,000 Title Sponsor	\$3,000 Presenting	\$2,500 Gold	\$1,500 Silver	\$1,000 Bronze	\$500 Supporter	\$250 Friend
Company name and logo on event website	■	■	■	■	■	■	■
Company name and logo on walk t-shirt	■	■	■	■	■	■	
Company name and logo on all promotional materials (press releases, ads)	■	■	■	■	■		
Company logo prominently featured and verbal recognition at event	■	■	■	■			
Display table at event	■	■	■				
Press release announcing sponsorship	■	■					
Speaking opportunity at event	■						

**NJ Center for Tourette Syndrome  
& Associated Disorders, Inc.**

*Collaborative Partnerships  
for the Tourette Syndrome Community*

50 Division Street, Suite 205, Somerville, NJ 08876  
908-575-7350 info@njcts.org www.njcts.org



# NJ Walks for TS at Mendham Sponsorship Confirmation Form

NEW JERSEY



WALKS FOR TS

Yes! We will support the 2014 NJ Walks for TS at Mendham by selecting the sponsorship opportunity below:

- |                                     |         |                                    |          |
|-------------------------------------|---------|------------------------------------|----------|
| <input type="checkbox"/> Title      | \$5,000 | <input type="checkbox"/> Bronze    | \$1,000  |
| <input type="checkbox"/> Presenting | \$3,000 | <input type="checkbox"/> Supporter | \$500    |
| <input type="checkbox"/> Gold       | \$2,500 | <input type="checkbox"/> Friend    | \$250    |
| <input type="checkbox"/> Silver     | \$1,500 | <input type="checkbox"/> Donor     | \$ _____ |

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

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

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

Website: \_\_\_\_\_

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

For guaranteed inclusion of company name and logo on printed materials, please return form by October 1, 2014.

Check enclosed (please make payable to NJCTS)

Please charge my  Discover  Visa  MasterCard

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

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

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

Cardholder's Signature: \_\_\_\_\_

Send of fax your completed form to:

**NJ Center for Tourette Syndrome  
& Associated Disorders, Inc.**  
50 Division Street, Suite 205, Somerville, NJ 08876  
Phone: 908-575-7350 Fax: 908-575-8699

# NJ Walks for TS

## at Mendham ~ November 15, 2014

### REGISTRATION/DONATION FORM

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

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

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Payment: Cash ( ) Credit ( ) Check ( ) Amount: \$ \_\_\_\_\_

T-Shirt Size: Small ( ) Medium ( ) Large ( ) X-Large ( )

Team (if applicable): \_\_\_\_\_

Signature (read waiver): \_\_\_\_\_

Special Accommodations Needed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### CREDIT CARD PAYMENTS

Cardholder Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Card Type: \_\_\_\_\_ Card #: \_\_\_\_\_

Security Code: \_\_\_\_\_ Expiration: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Signature: \_\_\_\_\_

# **NJ Walks for TS**

## **at Mendham ~ November 15, 2014**

### **ACCIDENT WAIVER/LIABILITY RELEASE**

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING AND/OR VOLUNTEERING IN THIS ACTIVITY OR EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in the activity or event, and have not been advised not to participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity or event. I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors and organizers of the activity or event in which I may participate, and that it will govern my actions and responsibilities at said activity or event. In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assigns as follows:

I WAIVE, RELEASE AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from the event, **THE FOLLOWING ENTITIES OR PERSONS:** The New Jersey Center for Tourette Syndrome and Associated Disorders, Inc. ("NJCTS") and/or its directors, officers, employees, volunteers, representatives, and agents, the activity or event holders, activity or event sponsors, activity or event volunteers; I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity or event, whether caused by negligence of release or otherwise.

I acknowledge that NJCTS and its directors, officers, volunteers, representatives and agents are NOT responsible for the errors, omissions, acts or failures to act of any party or entity conducting a specific event or activity on behalf of NJCTS. I acknowledge that this activity or event might involve a test of a person's physical and mental limits and might carry with it the potential for death, serious injury and property loss. The risks may include — but are not limited to — those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, actions of other people including — but not limited to — participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to participants, but are also present for volunteers.

I hereby consent to receive medical treatment which might be deemed advisable in the event of injury, accident and/or illness during this activity or event.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film likeness to for any legitimate purpose by the event holders, producers, sponsors, organizers and assigns. The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.