

# 2012 RACE ENTRY FORM-1/1-2/24

BIB# \_\_\_\_\_

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_ ZIP/PC \_\_\_\_\_

E-MAIL \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

GENDER MALE FEMALE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

T-SHIRT SIZE (Circle one) ADULT: S M L XL XXL XXXL (limited quantities) YOUTH: S(6-8) M(10-12) L(14-16)

TEAM NAME IF APPLICABLE: \_\_\_\_\_

CHECK BOX IF TEAM CAPTAIN  Would you like to be recognized as a breast cancer survivor by receiving a complimentary pink cap and T-shirt?

I am interested in volunteering for Susan G. Komen for the Cure SWFL. Please contact me regarding opportunities

PARTICIPANT TYPES:	FEE	AMOUNT
Adult 5K Run/Walk, 1 Mile Fun Walk Non-competitive, 18 yr. and older	\$ 32	
Adult Chip-timed 5K Run Competitive, 18 yr. and older	\$ 35	
Youth 5K Run/Walk, 1 Mile Fun Walk Non-competitive, under 18 yr.	\$ 10	
Youth Chip-timed 5K Run Competitive, under 18 yr.	\$ 15	
SLEEP IN FOR THE CURE	\$ 45	
OPTIONAL TAX-DEDUCTABLE DONATION		
GRAND TOTAL		

PAYMENT METHOD: CHECK # \_\_\_\_\_ CHECK DATE : \_\_\_\_\_ CHECK AMOUNT \$ \_\_\_\_\_ CASH \$ \_\_\_\_\_  
 VISA / MASTERCARD / AMEX \_\_\_\_\_ CARD NUMBER # \_\_\_\_\_ CCV# \_\_\_\_\_ EXP. DATE \_\_\_\_\_

SIGNATURE FOR CHARGE AUTHORIZATION \_\_\_\_\_

**MAKE CHECKS PAYABLE TO & MAIL TO : KOMEN SWFL 26800 S. TAMiami TRAIL #210 BONITA SPRINGS, FL 34134**  
 PHOTOGRAPHIC AND RESULTS RELEASE and WAIVER AND RELEASE OF CLAIMS

I agree that any and all representations made and releases, waivers, covenants, consents and permissions given by me hereunder are given on behalf of me and any and all of my minor children or persons over whom I have guardianship participating in or attending the Event.  
 I give my consent and permission to The Susan G. Komen Breast Cancer Foundation, Inc. d/b/a Susan G. Komen for the Cure ("Komen"), its affiliates and races, their sponsors and corporate sponsors, their successors, licensees, and assigns the irrevocable right to use, for any purpose whatsoever and without compensation, (i) any photographs, videotapes, audiotapes, or other recordings of me that are made during the course of this event (the "Event"); and (ii) the results of my participation in this Event (e.g., race time, name, participant number). I understand that (i) my consent to these provisions is given in consideration for being permitted to participate in this Event; (ii) I may be removed from this competition if I do not follow all the rules of this Event; and (iii) I am a voluntary participant in this Event. I am in good physical condition and am solely responsible for my personal health, safety and personal property. I know that this Event is a potentially hazardous activity and I hereby voluntarily assume full and complete responsibility for, and the risk of, any injury or accident THAT may occur during my participation in this Event (INCLUDING, BUT NOT LIMITED TO, MY FUNDRAISING ACTIVITIES associated with the event) or while on the EVENT premises (COLLECTIVELY, "MY PARTICIPATION"). TO THE FULLEST EXTENT OF THE LAW, I, for myself, my next of kin, my heirs, administrators, and executors (COLLECTIVELY, "RELEASEES"), hereby release and hold harmless and covenant not to file suit against (i) KOMEN, Southeast Florida Affiliate of Susan G. Komen of Susan G. Komen Breast Cancer Foundation. D/B/A Southeast Florida Affiliate of Susan G. Komen for the Cure AND ALL OTHER KOMEN Affiliates and THEIR RESPECTIVE DIRECTORS, OFFICERS, VOLUNTEERS, AGENTS AND EMPLOYEES; (ii) any Event sponsors; and (iii) all other persons or entities associated with this Event (collectively, the "Releasees") for any injury or damages I might suffer in connection with my participation. This release applies to any and all loss, liability, or claims I OR MY RELEASEES may have arising out of my participation, including but not limited to, personal injury or damage suffered by me or others, whether such losses, liabilities, or claims be caused by falls, contact with and/or the actions of other participants, contact with fixed or non-fixed objects, contact with animals, conditions of the EVENT premises, negligence of the Releasees, risks not known to me or not reasonably foreseeable at this time, or otherwise. I understand that I am solely responsible and liable for all aspects of MY fundraising activities associated with my participation, including, but not limited to, the safe and lawful conduct of any fundraising activities. This Photographic and Results Release and Waiver and Release of Claims (collectively, the "Release") shall be construed under the laws of the state in which the Event is held. In the event any provision of this Release is deemed unenforceable by law, (i) Komen shall have the right to modify such provision to the extent necessary to be deemed enforceable; and (ii) all other provisions of this Release shall remain in full force and effect. I understand that I have given up substantial rights by signing this Release, and have signed it freely and voluntarily without any inducement, assurance or guarantee being made to me and intend my signature to be a complete and unconditional release of liability to the greatest extent allowed by law.

Participant's Name \_\_\_\_\_ Participant Signature \_\_\_\_\_ Parent / Guardian Name \_\_\_\_\_ Parent / Guardian Signature (if participant is under 18) \_\_\_\_\_ Date \_\_\_\_\_  
 EMERGENCY CONTACT INFORMATION - NAME & PHONE NUMBER \_\_\_\_\_