

# 2008 RACE REGISTRATION

Please Print • 1 entrant per form • Photocopies accepted

Team Name  
MUST BE EXACT!

1. Would you like to be recognized as a breast cancer survivor by receiving a complimentary pink cap and T-shirt?  Yes  No

2. Name Last  First  M.I.

Street Address

City  State  Zip  Phone

County  E-mail

Female  Male Date of Birth  /  /  Age (on Race day)

3. Race Fee: Please check the correct box below: EVENT  5K Run  5k Walk  1 Mile FunWalk

- \$   \$25 Race Entry Fee  
\$   \$23 On-Line Race Entry Fee ([www.komennepa.org](http://www.komennepa.org))  
\$   \$15 Seniors 65 and older  
\$   \$15 Students 13 to 21  
\$   \$5 Children 12 and under (*Medals & t-shirts to the first 600*)  
\$   \$50 In the Pink - *Includes • Race Entry • Race T-Shirt • Gift*  
\$  Enclosed is my additional donation  
\$  **TOTAL ENCLOSED** Please make checks payable to: Komen NEPA Race for the Cure®

<i>For Official Use Only</i>	
Date Rec'd	<input type="text"/>
<input type="checkbox"/> Check	
<input type="checkbox"/> Cash	
<input type="checkbox"/> Other	
Initialed By:	<input type="text"/>

4. T-shirts: One size fits all - Available to first 6,000 participants.

5. Race Waiver & Release (Must be signed by participant):

## RACE WAIVER AND RELEASE

### PHOTOGRAPHIC RELEASE

I give my full consent and permission to Susan G. Komen for the Cure, its local affiliates and races (as defined below), their sponsors and corporate sponsors, their successors, licensees, and assigns the irrevocable right to use, for any purpose whatsoever and without compensation, any photographs, videotapes, audiotapes, or other recordings of me that are made during the course of this event (the "Event").

### WAIVER AND RELEASE OF CLAIMS

I understand that my consent to these provisions is given in consideration for being permitted to participate in this Event. I further understand that I may be removed from this competition if I do not follow all the rules of this Event. I am a voluntary participant in this Event, and in good physical condition. 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 OR WHILE ON THE PREMISES OF THIS EVENT. I, FOR MYSELF, MY NEXT OF KIN, MY MINOR CHILDREN THAT ATTEND THE EVENT, MY HEIRS, ADMINISTRATORS, AND EXECUTORS, HEREBY RELEASE AND HOLD HARMLESS AND COVENANT NOT TO FILE SUIT AGAINST THE SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC. D/B/A SUSAN G. KOMEN FOR THE CURE, THE NORTHEASTERN PENNSYLVANIA AFFILIATE OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION D/B/A THE NORTHEASTERN PENNSYLVANIA AFFILIATE OF SUSAN G. KOMEN FOR THE CURE, THEIR AFFILIATES AND ANY AFFILIATED INDIVIDUALS, ANY EVENT SPONSORS AND THEIR AGENTS AND EMPLOYEES, AND 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 IN THIS EVENT OR WHILE ON THE PREMISES OF THIS EVENT. THIS RELEASE APPLIES TO ANY AND ALL LOSS, LIABILITY, OR CLAIMS I MAY HAVE ARISING OUT OF MY PARTICIPATION IN THIS EVENT, 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 PREMISES OF THE EVENT, NEGLIGENCE OF THE RELEASEES, RISKS NOT KNOWN TO ME OR NOT REASONABLY FORESEEABLE AT THIS TIME, OR OTHERWISE.

This Photographic 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.

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.

**Unsigned entry forms will be rejected.**



<b>X</b>	<input type="text"/>	Signature	<input type="text"/>	Date
	<input type="text"/>	Signature of Parent or Guardian (if under 18 yrs.)	<input type="text"/>	Date

Mail along with check to:

Before you mail your entry form, have you:

- Completed the form in its entirety?  Signed the bottom of the form?  Made check payable to Komen NEPA Race for the Cure?