



2010 Komen CNY Race for the Cure® Entry

Register online at www.komencny.org

bib # _____
staff use only

Check all that apply:

I would like to be recognized as a breast cancer survivor by receiving a complimentary pink cap and T-shirt

I am registering as a member of a team: _____

I am registering as an individual.

Team Name

First name _____

Last name _____

Email _____

Address _____

City _____

State _____ Zip _____ day-phone _____ - _____ - _____

Gender (circle) F M Birthdate ____/____/____ Age (on Race day 5/15/10) ____

Event (circle): 5K - chip-timed 5K - wheelchair chip-timed 5K - walk/run 1 Mile - walk Kids for the Cure® Age 12 and under

Events (pick one)

- Adult Mail-in Registration\$30
- Adult In-Person Registration\$35
- Adult Race Day Registration (May 15 - NYS Fair).....\$40
- Student (age 13-18).....\$20
- Kids for the Cure® (age 12 and under)..... \$15
- Sleep in for the Cure® \$50

"Extras"

- Pink Honor Roll(add to total).....\$70
(Your name will be listed on our online Pink Honor Roll Website and you and a guest are invited to the post race celebration on 6/7.)
- Mail me my race shirt and number
(add to total) \$7.50
You can pick up your shirt & bib at **Great Northern Mall** on
May 13, 10am-8pm or May 14, 10am-6pm)
- Additional contribution..... \$ _____

Please mail completed (and signed) form & check, made payable to:
Komen Race for the Cure®, PO Box 3206, Syracuse NY 13220-3206

Total Amount Enclosed \$ _____

T-shirt size (circle): Youth Small Youth Medium Adult Small Adult Medium Adult Large Adult XL Adult XXL

T-shirts are available for the first 9000 participants. Size cannot be guaranteed.

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 CENTRAL NEW YORK AFFILIATE OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION D/B/A THE CENTRAL NEW YORK 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.

Participant's Name

SIGNATURE (Parent's or Guardian's Signature if under age 18)

Date