

# Susan G. Komen Kansas Race for the Cure® / Hays Race Entry Form / Saturday 05.07.2016



(ONE FORM PER PARTICIPANT, PLEASE PRINT CLEARLY)

First Name										Last Name											
Address																					
City										State					Zip Code					Gender M F	
M	M	D	D	Y	Y	Y	Y	Home/Cell Phone													
Date of Birth																					
Email Address																					

**Would you like to be recognized as a breast cancer survivor?**

**Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**PHOTOGRAPHIC AND RESULTS RELEASE and WAIVER AND RELEASE OF CLAIMS**~I agree that any and all representations made and releases, 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 ("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, participation 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, "RELEASORS"), HEREBY RELEASE AND HOLD HARMLESS AND COVENANT NOT TO FILE SUIT AGAINST (I) KOMEN, MID-KANSAS CHAPTER OF THE SUSAN G. KOMEN FOUNDATION D/B/A Susan G. Komen Kansas 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 RELEASORS 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.

**MUST SIGN** →

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_  
 Signature of Participant's Guardian (If under 18) \_\_\_\_\_

## Type of Entry

- Team Member     Individual  
 Team Captain

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

Would you like to be a Komen volunteer? Yes No  
 Do you wish to receive our e-newsletter? Yes No

- Please check one event:
- Competitive/ Chip Timed 5K ----- \$30  
 Day of Race ----- \$40
  - Non-Competitive 5K Run/Walk ----- \$25  
 Day of Race ----- \$35
  - 1 Mile Fun Walk ----- \$25  
 Day of Race ----- \$35
  - Sleep In for the Cure®----- \$25  
 Unable to Attend, register and support finding a cures!
  - Kids for the Cure® ----- \$10  
 Day of Race ----- \$20

### ADD-ON's

- Additional Donation----- \$ \_\_\_\_\_
  - Mailing of T-Shirt and Bib----- \$10
- Total

### T-Shirt

Adult    S    M    L    XL    2XL    3XL  
 Kids for the Cure®    YS    YM    YL  
 (All Race T-Shirts subject to availability)

**TSHIRTS AND BIBS WILL NOT BE MAILED FOR ANY REGISTRATIONS COMPLETED AFTER APRIL 15<sup>TH</sup>**

Make checks payable to: Komen Hays Race for the Cure

Circle one:    **Cash**    Check # \_\_\_\_\_  
 MasterCard or Visa **ONLY**

Card #:

Expiration date:        CCV #:

Cardholder signature: \_\_\_\_\_

Mail Form to: Susan G. Komen® Kansas  
 3243 E. Murdock Ste. 103 Wichita, KS 67208

Office Use Only:  
 Bib # \_\_\_\_\_    Shirt rec'd?    Yes    No