



2018 RACE PARTICIPANT ENTRY FORM

Saturday, September 15, 2018 • 7 AM • Ah-Nab-Awen Park • Grand Rapids, MI • www.komenmichigan.org/race

PLEASE PRINT - FILL OUT CLEARLY AND COMPLETELY. ONE PERSON PER ENTRY FORM.
COMPLETED FORMS & PAYMENT CAN BE MAILED TO: PO BOX 4368, EAST LANSING, MI 48826

First Name	Last Name	M.I.

Street Address (Include Suite/Apt #)

City	State	Zip Code	Gender

Phone Number	Date of Birth (MM/DD/YYYY)	Fundraising Goal

E-Mail Address (For Komen Michigan only - will not be distributed)

Emergency Contact Name	Emergency Contact Phone Number

T-Shirt Size (Circle One): YS YM YL S M L XL 2X 3X I would prefer not to receive a t-shirt.
T-shirt sizes are not guaranteed.

Are you a breast cancer survivor? Yes No I am currently undergoing treatment for breast cancer.

Team Name (Skip this portion if you are registering as an individual) <input type="radio"/> I am the team's captain.

Which event would you like to participate in? (Select One): 5K Run/Walk 1 Mile Community Walk

REGISTRATION FEES & ADD-ONS

- | | | | |
|--|------|---|---------|
| <input type="radio"/> ADULT (18 AND UP)* | \$25 | <input type="radio"/> TIMING CHIP | \$5 |
| | | <i>Required to track results and qualify for awards</i> | |
| <input type="radio"/> YOUTH (AGES 17 and Under)* | \$15 | <input type="radio"/> FLOWERS FOR THE CURE** | \$25 |
| | | <i>Honor a loved one by purchasing a pink 9-10" flower in their name.</i> | |
| <input type="radio"/> SLEEP IN FOR THE CURE** | \$30 | <input type="radio"/> ADD A DONATION | \$_____ |
| <i>For those who prefer to snooze rather than lace up their shoes.</i> | | <i>Donations are tax-deductible and make a huge impact!</i> | |

TOTAL: \$_____

*On September 11, 2018 all registration fees will increase by \$5, so please be sure to add this amount into your total if registering on/after that date. **Registrations for "Sleep in for the Cure" as well as "Flowers for the Cure" add-ons must be submitted by Friday, September 7, 2018.

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 ("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 (eg, 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, SUSAN G. KOMEN MICHIGAN 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 Signature
(or Parent/Guardian if under 18)

Date

OFFICE USE ONLY

Bib #
Cash \$
Check #
Initials: