# September 27, 2009 Susan G. Komen Northwest Ohio Race for the Cure® Registration Form

One form per entrant. Copies are acceptable, or you can register online at www.komennwohio.org.
For questions contact raceinfo@komennwohio.org.

☐ Would you like to be recognized as a breast cancer Survivor by receiving a complimentary pink T-shirt and cap?

PLEASE DO NOT USE THIS FORM FOR TEAM REGISTRATIONS

LAST NAME _____ MIDDLE INITIAL _____

FIRST NAME _____

ADDRESS _____ APT. # _____

CITY _____

STATE _____ ZIP _____ DAYTIME PHONE ___ – ___ – ____

EMAIL (MAILING LIST) _____

BIRTHDATE __ – __ – __ AGE as of 9/27/09 ___ SEX: FEMALE ☐ MALE ☐

**EVENT**

☐ 5K (Non-Timed, No Chip) ☐ 5K (Competitive, Timed) ☐ FAMILY FUN WALK

**T-SHIRT**

☐ YOUTH S (6-8) ☐ SMALL ☐ X-LARGE
☐ YOUTH M (10-12) ☐ MEDIUM ☐ XX-LARGE
☐ YOUTH L (14-16) ☐ LARGE ☐ XXX-LARGE

☐ I would like to volunteer for Komen Northwest Ohio!

Name _____

Email _____ Daytime Phone _____

## ENTRY FEES

**All mail-in entries must be postmarked by September 9, 2009.**
To register after this date, please visit our Race Week site or register online until midnight, September 16, 2009.

**Adult Registration $30.00**..... $_____
18 and over timed and non-timed
5K Run/Walk & Family Fun Walk
includes mail-in, online, on-site pre-Race, Race Week

**Youth Registration $20.00**..... $_____
(17 and under)

**Race Day Registration $45.00**..... $_____
5K Run/Walk, Family Fun Walk
Adults and Timed Kids

**Sleep in for the Cure® $30.00**..... $_____
Out of town or can't lace up your shoes on Race morning? Receive a Race t-shirt and Race bib (just in case)

**Additional contribution to the Komen Northwest Ohio Race for the Cure®**..... $_____

**Total Amount Enclosed** ..... $_____

***Please DO NOT include your pledges in this total.***

Please mail this completed form and your check made payable to:
**Susan G. Komen Northwest Ohio Race for the Cure**
**3100 W. Central Ave, Suite 235**
**Toledo, OH 43606**

## PHOTOGRAPHIC RELEASE

I give my full consent and permission to The Susan G. Komen Breast Cancer Foundation, Inc. d/b/a Susan G. Komen for the Cure ("Komen"), its local 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 or my minor children that are made during the course of this event (the "Event"); and (ii) the results of my or my minor children's participation in this Event (e.g., race time, name, participant number).

## 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. 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 OR WHILE ON THE EVENT PREMISES. TO THE FULLEST EXTENT OF THE LAW, I, FOR MYSELF, MY NEXT OF KIN, MY HEIRS, ADMINISTRATORS, AND EXECUTORS, HEREBY RELEASE AND HOLD HARMLESS AND COVENANT NOT TO FILE SUIT AGAINST KOMEN, [AFFILIATE CORPORATE NAME] D/B/A [AFFILIATE DBA NAME], 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 OR MY MINOR CHILDREN ATTENDING THE EVENT MIGHT SUFFER IN CONNECTION WITH MY OR THEIR PARTICIPATION IN THIS EVENT OR WHILE ON THE EVENT PREMISES. THIS RELEASE APPLIES TO ANY AND ALL LOSS, LIABILITY, OR CLAIMS I, MY NEXT OF KIN, HEIRS, ADMISTRATORS AND EXECUTORS MAY HAVE ARISING OUT OF MY OR MY MINOR CHILDREN'S PARTICIPATION IN THIS EVENT OR WHILE ON THE EVENT PREMISES, 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.

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 _____ SIGNATURE _____

Parent or Guardian's Signature if under 18 _____ Date _____