SUSAN G. KOMEN DALLAS RACE FOR THE CURE® ENTRY FORM - OCTOBER 15, 2016 - NORTHPARK CENTER

We encourage you to register online at: Komen-dallas.org/dallasrace

LOCAL PRESENTING SPONSOR

Registration Information

last name | first name

mailing address

city | state | zip code

home phone | work phone | M F gender

email | date of birth (mm,dd,yy)

☐ youth large ☐ small ☐ medium ☐ large ☐ x-large ☐ xx-large ☐ xxx-large

Shirts are available on a first come first serve basis. Shirt sizes are not guaranteed.

Entry Information

team name: _____

☐ $40 - Adult ($5 upcharge on race day)
☐ $20 - Youth ((12 and under) ($5 upcharge on race day)
☐ $40 - Sleep In for the Cure®
(includes a shirt and snooze bib)

☐ $150 - BAM (buy-a-mammogram)*
☐ $75 - HAM (half-a-mammogram)*

*These registration options include an adult entry fee and a donation that could be used to cover the cost of a mammogram or half a mammogram for an uninsured woman in our community.

All registrations include packet mailing. Registrations after noon on Friday, October 7th are not eligible for packet mailing. Visit komen-dallas.org for packet pick up locations and times.

☐ YES Would you like to be recognized as a breast cancer survivor?
(includes a survivor shirt, survivor bib and entry to the survivor tent)

Add-ons

☐ $7 - Chip timing
☐ Additional tax-deductible donation: _____
☐ $10 - Donate cost of postage
☐ $30 - Premium parking pass

total: $

Payment Information

☐ cash ☐ credit card
visa, amex, discover, mastercard
☐ check - # — — — —
make checks payable to Komen Dallas County

card number

security code | exp. date (mm,yy)

signature _____

Photographic & results release & waiver & release of claims

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 TRAINING FOR, PARTICIPATING IN OR ATTENDING THE EVENT. MINORS UNDER 18 YEARS OF AGE MUST BE ACCOMPANIED BY A PARENT OR GUARDIAN WHO IS ALSO A REGISTERED PARTICIPANT.

In consideration of participation in the Susan G. Komen Race for the Cure, I, for myself and my next of kin, heirs, administrators and executors, waive and release The Susan G. Komen Breast Cancer Foundation, Inc. d/b/a Susan G. Komen ("Komen"), its affiliates (including, but not limited to, Susan G. Komen Dallas County, directors, officers, administrators, representatives, past and present employees, volunteers, agents, supervisors, participants, all city and state governments, assigns, vendors, contractors, licensees, their representatives and successors and other persons (collectively, the "Releases"), from any and all claims, liabilities, actions, demands, expenses, and attorneys' fees arising out of my training for, participation in and/or attendance at this event and my related fundraising activities (collectively, "this event").

I understand that the nature of my activities relating to this event may involve physical activity, contact with unidentified or unfamiliar persons or other potential risk of bodily injury or damage to property and I hereby voluntarily assume full and complete responsibility for, and the risk of, any injury (including death), accident or lost/stolen property which may occur during this event.

I attest that I am medically and physically able to participate in this event. If I experience any doubt as to my ability to successfully and safely participate in and/or complete this event, I take full responsibility for consulting a physician. I consent to emergency medical care and transportation in the event of injury to me as medical professionals may deem appropriate. This Release extends to any liability arising out of or in any way connected with the medical treatment and transportation provided in the event of an emergency, including, but not limited to, negligence emergency rescue operations.

I agree to observe and obey all laws, rules and safety procedures that relate to this event. I agree to (i) abide by any decision of an event official relative to my ability to safely compete in this event; and (ii) exhibit appropriate behavior at all times. Event officials may dismiss me, without refund, should my behavior endanger the safety of or negatively affect this event or any person, facility, or property.

Image/Recording/Results Release
I give the Releases the irrevocable, perpetual and worldwide right to use, copy, publicly perform or display, distribute, modify, translate, and create derivative works of, for any purpose whatsoever, wherever, and whenever and without compensation (i) any personal statements, photographs, videotapes, audiotapes, and other recordings of me that are made during the course of this event and any original material created by me in connection with this event; and (ii) the results of my participation in this event. Without limiting the foregoing, I agree that all personal information provided by me in connection with this event may be used by Affiliate in accordance with its privacy policy found at: http://ww5.komen.org/AboutUs/PrivacyPolicy.html

Miscellaneous
This Release shall be construed under the laws of Texas. In the event any provision of this Release is deemed unenforceable by law, (i) Affiliate 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 all donations made in connection with this event are non-refundable and non-transferable, even if I do not participate in this event. I also understand that the registration fee is non-refundable, non-transferable, and not tax deductible.

I certify that I am at least 18 years of age. I understand that I have given up substantial rights by accepting this Release, and have signed it freely and voluntarily without any inducement, assurance or guarantee being made to me and intend my acceptance to be a complete and unconditional release of liability to the greatest extent allowed by law.

_____ participant's name
_____ signature
_____ parent/guardian signature if under 18
_____ date

Mail form to: P.O. Box 731696 Dallas, Texas 75373

WARRIORS IN PINK
POWERED BY FORD