



2010 Komen Charlotte Race for the Cure®

www.komencharlotte.org
 P.O. Box 601597
 Charlotte, NC 28260-1597
 704.347.8181

Entry Form
 Uptown Charlotte
 Saturday, October 2, 2010

Are you registering for a team? YES NO IF YES, TEAM NAME: _____

ONE FORM PER PERSON (please print clearly in blue or black ink)

Last Name	First Name
Street Address	Apartment Number
City	State
Phone Number	Zip Code
Date of Birth (Month/Date/Year)	Email Address
Sex: <input type="checkbox"/> F <input type="checkbox"/> M	Are you a breast cancer survivor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Would you like to be recognized as a survivor? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Method of Payment

Check/Money Order Check # _____

Credit Card (Visa/MC/AmX) Card # _____

Cardholder Name: _____ Exp. _____

Ethnicity (Optional)

American Indian or Alaska Native Native Hawaiian or other Pacific Islander

Asian White or Caucasian

Black or African American Other

Hispanic/Latino(a)

Photographic and Results 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 of the rules of this Event. I am a voluntary participant at 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, Susan G. Komen for the Cure Charlotte D/B/A Susan G. Komen for the Cure Charlotte, 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, ADMINISTRATORS 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 constructed 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.

Please notify me regarding breast cancer advocacy opportunities.

The Susan G. Komen for the Cure® Advocacy Alliance (KAA) is the non-partisan voice for over 2.5 million breast cancer survivors and the people who love them. Our mission is to translate the Komen promise to end breast cancer forever into action at all levels of government to discover and deliver the cures.

How did you hear about us?

Returning Participant TV Web Article

Radio Print Ad Word of Mouth Other

T-SHIRT SIZE: Youth M S M L Youth L XL XXL XXXL

Registration must be received by Sept. 7th in order to qualify for shirt mailing.

PARTICIPATION TYPE	Pre-Registration	Race Day	Amount Enclosed
Competitive 5K			
<input type="checkbox"/> Adult	\$35	NA	
<input type="checkbox"/> Youth (6-15)	\$25	NA	
Recreational Walk/Run			
<input type="checkbox"/> Adult	\$30	\$35	
<input type="checkbox"/> Youth (6-15)	\$20	\$25	
1 Mile Run/Walk			
<input type="checkbox"/> Adult	\$30	\$35	
<input type="checkbox"/> Youth (6-15)	\$20	\$25	
<input type="checkbox"/> Child 5 and Under (participating with a parent)	FREE	FREE	
<input type="checkbox"/> Sleep In for the Cure®	\$30	NA	
<small>Unable to participate race day? Register for Sleep In for the Cure, and you will still get a race shirt and can snooze the day away!</small>			
<input type="checkbox"/> \$5.00 mail donation (before Sept. 7th only)	This donation will help us offset the cost of mailing you your race t-shirt.		
<input type="checkbox"/> Additional Tax-Deductible Donation			
TOTAL			

SIGNATURE _____

SIGNATURE (Parent or Guardian if under age 18) _____

Location Code: _____

Bib Number: _____

Website _____

Make checks payable to Komen Charlotte Race for the Cure
 Mail completed form to: P.O. Box 601597
 Charlotte, North Carolina 28260-1597