

# 2010 RACE REGISTRATION

Please Print • 1 entrant per form • Photocopies accepted


Team Name  
**MUST BE EXACT!**

1. Would you like to be recognized as a breast cancer survivor by receiving a complimentary pink cap and T-shirt?  Yes  No

2. Name Last  First

Street Address

City  State  Zip  Phone (  )

Sizes Youth: M XL Adult: M L XL XXL  E-mail

*"Sizes Limited. Not Guaranteed."*

Female  Male **Age (on Race day)**

3. Race Fee: Please check the correct box below: EVENT  5K Run  5k Walk  1 Mile FunWalk

- \$ \_\_\_\_\_  \$30 On-Line Race Entry Fee ([www.komennepa.org](http://www.komennepa.org))
- \$ \_\_\_\_\_  \$30 Race Entry Fee
- \$ \_\_\_\_\_  \$15 Seniors 65 and older
- \$ \_\_\_\_\_  \$20 Students 13 to 21
- \$ \_\_\_\_\_  \$5 Children 12 and under (*Medals & t-shirts to the first 600*)
- \$ \_\_\_\_\_  \$50 In the Pink - *Includes • Race Entry • Race T-Shirt • Gift*
- \$ \_\_\_\_\_  \$35 Sleep In for the Cure – *Includes • Race Entry • Race T-Shirt • Gift*  
*(Available to first 100 participants. Pick up Packet at Packet Pickup)*
- \$ \_\_\_\_\_ Enclosed is my additional donation
- \$ \_\_\_\_\_ **TOTAL ENCLOSED** Please make checks payable to: Komen NEPA Race for the Cure®

4. T-shirts: Available to first 6,000 participants.  
5. Race Waiver & Release (Must be signed by participant):

For Official Use Only	
Date Rec'd	_____
<input type="checkbox"/> Check	
<input type="checkbox"/> Cash	
<input type="checkbox"/> Other	
Initialed By:	_____

## PHOTOGRAPHIC AND RESULTS RELEASE and WAIVER AND 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 PARTICIPATING IN OR ATTENDING THE EVENT.

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 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, 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 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, THE NORTHEASTERN PENNSYLVANIA CHAPTER OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION D/B/A NORTHEASTERN PENNSYLVANIA CHAPTER OF SUSAN G. KOMEN FOR THE CURE 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.

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.

**Unsigned entry forms will be rejected.**

X	_____	_____
	Signature	Date
	_____	_____
	Signature of Parent or Guardian (if under 18 yrs.)	Date

### Mail along with check to:

Komen NEPA Race for the Cure®  
300 Mulberry Street  
Suite 305  
Scranton, PA 18503  
**If part of a Team, please give form & payment to your Team Captain.**

Before you mail your entry form, have you:

- Completed the form in its entirety?  Signed the bottom of the form?  Made check payable to Komen NEPA Race for the Cure?