susan g. komen race FOR THE CURE®

Presented by Kroger

NATIONAL SERIES SPONSORS

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CENTRAL INDIANA AFFILIATE | INDIANAPOLIS, INDIANA | APRIL 21, 2012

REGISTRATION FORM

TEAM MEMBERS: Fill out this form and return it with your payment to your team captain
INDIVIDUAL ENTRANTS: Fill out this form and mail it with your check to:
KOMEN RACE FOR THE CURE | 3500 DePauw Blvd., Suite 2070 | Indianapolis, Indiana 46268

TEAM NAME (ONLY COMPLETE THIS SECTION IF JOINING A TEAM.)

TEAM CAPTAIN (IF JOINING A TEAM, RETURN COMPLETED FORM TO THE TEAM CAPTAIN - DO NOT MAIL DIRECTLY TO KOMEN CENTRAL INDIANA)

FIRST NAME LAST NAME

ADDRESS - NUMBER AND STREET ONLY!

CITY STATE ZIP

EMAIL ADDRESS

PHONE - - AGE

MALE ☐ **FEMALE** ☐

Shirt Size:	ADULT SIZES						YOUTH SIZES
	☐ SMALL	☐ MEDIUM	☐ LARGE	☐ XL	☐ XXL	☐ XXXL	☐ YOUTH MEDIUM

BASIC ENTRY TYPES - SELECT ONLY ONE! (One entry per person)		
☐ **PARTICIPANT**	Basic entry type for any age, entrant will receive a Race shirt and WHITE bib number	**$28.00**
☐ **SLEEP IN FOR THE CURE®**	Entrant not present on Race day but will still receive a Race shirt	**$28.00**
☐ **SURVIVOR**	Entrant is a Breast Cancer Survivor, will receive a Race shirt, PINK bib number, and survivor package	**$25.00**
☐ **CHILD**	Entrant 8 years old or younger. Entrant **DOES NOT** receive a Race shirt unless registered as a Participant	**FREE**
ADDITIONAL ENTRY ITEMS (Add items to modify the BASIC ENTRY - select all that apply)		
☐ **COMPETITIVE**	Entrant intent on completing the course in 35 minutes or less. Entrant receives a timing device, special BLUE bib number, and will be scored	**ADD $6.00**
TOTAL AMOUNT DUE (Sum of BASIC ENTRY TYPE and all ADDITIONAL ITEMS) **MAKE CHECKS PAYABLE TO "KOMEN CENTRAL INDIANA"**		☐

RACE RELEASE (Must be signed by entrant or parent/guardian if entrant is under 18)

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 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, "RELEASORS"), HEREBY RELEASE AND HOLD HARMLESS AND COVENANT NOT TO FILE SUIT AGAINST (I) KOMEN, [AFFILIATE CORPORATE NAME] D/B/A [AFFILIATE DBA NAME] 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 RELEASORS 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.

The event will occur rain or shine. We reserve the right to cancel in extreme circumstances. In that event, there will be no refunds; rather your entry fee will be used as a donation to the Susan G. Komen Central Indiana Race for the Cure®.

Signature of entrant or parent/guardian if entrant is less than 18 Date