



REGISTER ONLINE: WWW.KOMENINDY.ORG

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:

RACE FOR THE CURE
3500 DePaw Blvd., Suite 2070
Indianapolis, Indiana 46268

CENTRAL INDIANA AFFILIATE | 20 YEARS | INDIANAPOLIS, INDIANA | APRIL 16, 2011

Grid for team name entry

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

Grid for team name entry

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

Grid for first and last name entry

FIRST NAME

LAST NAME

Grid for address entry

ADDRESS - NUMBER AND STREET ONLY!

Grid for city, state, and zip entry

CITY

STATE

ZIP

Grid for email address entry

EMAIL ADDRESS

Grid for phone and age entry

PHONE

AGE

MALE

FEMALE

Table with columns for Shirt Size (Small, Medium, Large, XL, XXL, XXXL, Youth Medium) and rows for Basic Entry Types (Participant, Sleep in for the Cure, Survivor, Child) and Additional Entry Items (Competitive). Includes a total amount due section.

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

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 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, SUSAN G. KOMEN INDIANAPOLIS AFFILIATE D/B/A KOMEN INDIANAPOLIS, 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.

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