

KOMEN PROMISE RUN & RELAY OCTOBER 18, 2014

REGISTRATION FORM

For fast secure processing, register online at www.komenmemorial.org

ONE PERSON PER FORM
(Copies are acceptable)

Early Bird Registration!
Save when your form arrives
by July 31st.

After Oct. 10th.
If your registration arrives
after October 10th, pay late fee.

FIRST NAME										LAST NAME												
EMAIL ADDRESS																						
ADDRESS/STREET																						
CITY										STATE					ZIP							
PHONE										DATE OF BIRTH					AGE		FEMALE			MALE		
TEAM NAME (Team must be created on-line in advance.)										<input type="checkbox"/> I AM A BREAST CANCER SURVIVOR?												
SHIRT SIZE <input type="checkbox"/> SMALL <input type="checkbox"/> MEDIUM <input type="checkbox"/> LARGE <input type="checkbox"/> XLARGE <input type="checkbox"/> 2XLARGE <input type="checkbox"/> 3XLARGE																						

Promise Run	
Early Registration Before Aug. 1	\$ 60
Regular Registration Aug. 1 - Oct. 10	\$ 70
Late Registration After Oct. 10	\$ 80
Promise Relay	
Early Registration Before Aug. 1	\$ 35
Regular Registration Aug. 1 - Oct. 10	\$ 40
Late Registration After Oct. 10	\$ 45
Tax Deductible Donation	
Please accept my tax deductible donation.	\$
TOTAL AMOUNT	\$

PROMISE RELAY INFORMATION																						
RELAY NAME																						
RELAY PARTNER FIRST										RELAY PARTNER LAST NAME												
PHONE										DATE OF BIRTH					AGE		FEMALE			MALE		

Mail completed entry form, fees, and donations to:
 Susan G. Komen Memorial Affiliate
 Attn: Promise Run
 4700 N. University St., Suite 92
 Peoria, IL 61614-5849

FOR OFFICE USE ONLY!	
<input type="radio"/> Cash <input type="radio"/> Credit <input type="radio"/> Check	By: _____

PLEASE READ & SIGN BELOW 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) that 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 (INCLUDING, BUT NOT LIMITED TO, MY FUNDRAISING ACTIVITIES ASSOCIATED WITH THE 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 MEMORIAL D/B/A SUSAN G. KOMEN MEMORIAL AFFILIATE AND ALL OTHER KOMEN AFFILIATES AND ITS 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 LOSSES, LIABILITIES, 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.

I understand that I am solely responsible and liable for all aspects of MY fundraising activities associated with my participation, including, but not limited to, the safe and lawful conduct of any fundraising activities.

This Photographic and Results Release and Waiver and Release of Claims (collectively, the "Release") shall be construed under the laws of the District of Columbia. 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.

Print Participant's Name _____
 Participant's Signature (or Parent/Guardian, if under 18) _____ / _____ / 2014.