

# KOMEN PEORIA RACE FOR THE CURE SATURDAY, MAY 9, 2015

For fast secure processing, register  
online at [komenmemorial.org](http://komenmemorial.org)

ONE PERSON PER FORM  
(Copies are acceptable!)

Register online by  
December 31<sup>st</sup> & receive a  
\$5 Early Bird Discount!

Mail form, fees & donations to:  
Susan G. Komen Memorial  
Attn: Peoria Race  
4700 N. University St., Suite 92  
Peoria, IL 61614-5849

COMPLETE ALL SECTIONS. ALL INDIVIDUALS, REGARDLESS OF AGE, ON THE RACE SITE MUST BE REGISTERED.

FIRST NAME  LAST NAME

E-MAIL

ADDRESS/STREET

CITY  STATE  ZIP

PHONE  DATE OF BIRTH  AGE  FEMALE  MALE

TEAM NAME (Team must be formed on-line in advance.)

T-SHIRT SIZE  
ADULTS:  SMALL  MEDIUM  LARGE  XLARGE  2XLARGE  3XLARGE  
KIDS FOR THE CURE:  XS/2-4  S/6-8  M/10-12  LG/14-16

**BREAST CANCER SURVIVOR?**  
 Yes, I would like to be recognized as a breast cancer survivor.  
Complimentary pin, pink cap & t-shirt (included in registration fee). In what year were you diagnosed? \_\_\_\_\_



Choose Your Distance:  1 Mile  5K

## Adults

Standard Registration	\$30	\$
Late Registration (After April 26)*	\$35	\$

## Kids for the Cure® (12 & Under)

Kids for the Cure®	\$20	\$
Kids for the Cure® (After April 26)*	\$25	\$

## Spirit Walker/Three Miles of Friends™

Sideline Support	\$30	\$
Sideline Support (After April 26)*	\$35	\$

## Optional Items

5K Timing Device	\$3	\$
In the Pink - Bremer Gift	\$70	\$
Suzy's Garden Tulip	\$20	\$
Please Mail My Packet	\$5	\$

## Please Accept My Donation

Tax Deductible Donation	\$	\$
-------------------------	----	----

TOTAL AMOUNT \$ \_\_\_\_\_

### FOR OFFICE USE ONLY!

Cash  Credit  Check By: \_\_\_\_\_

### PLEASE READ & SIGN BELOW PHOTOGRAPHIC AND RESULTS RELEASE AND WAIVER AND RELEASE OF CLAIMS

I AGREE 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 AGREE 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 Illinois. 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.

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.

Print Participant's Name \_\_\_\_\_

Participant's Signature (or Parent/Guardian, if under 18) \_\_\_\_\_ / \_\_\_\_\_ / 2015