## KOMEN SPRINGFIELD RACE FOR THE CURE FRIDAY, MAY 15, 2015

ONE PERSON PER FORM (Copies are acceptable!)
Register online by
December 31st & receive a
\$5 Early Bird Discount!

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

COMPLETE ALL SECTIONS.	ALL INDIVIDUALS,	REGARDLESS OF A	GE, ON THE	RACE SITE M	UST BE REGISTERED.	
FIRST NAME LAST NAME						
E-MAIL						
ADDRESS/STREET						
CITY				STATE ZIP		
PHONE		DATE OF BIRT	Н	AGE	FEMALE MALE	
TEAM NAME (Team must be	e formed on-line in adv	vance.)			<b>S</b>	
				C	- VP	
T-SHIRT SIZE				COL	MPETITIVE RUNNERS er & Date	
T-SHIRT SIZE  ADULTS: SMALL MEDIUM LARGE XLARGE 2XLARGE 3XLARGE are Required! Markey.						
ADULTS: SMALL MEDI	UM LARGE XLAR	GE 2XLARGE 3	(LARGE	dre Da	ale of Di	
KIDS FOR THE CURE:		Compa	Priate **Time			
BREAST CANCER SURVIV  Yes, I would like to be reco Complimentary pin, pink c fee). In what year were yo	gnized as a breast c ap & t-shirt (include		®	to have time re	Priate **Timed Printing Category Provided.	

For fast secure processing, register online at komenmemorial.org

Choose Your Distance:	1 Mile	: ○ 5K					
Adults							
Standard Registration	\$30	\$					
Late Registration (After May 3)*	\$35	\$					
Kids for the Cure® (12 & Under)							
Kids for the Cure®	\$20	\$					
Kids for the Cure® (After May 3)*	\$25	\$					
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 AMOU	INT	\$					
B							
FOR OFFICE USE ONLY!							
○ Cash ○ Credit ○ Check	Bv:						

## EASE 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 PUNDRAISING ACTIVITIES ASSOCIATED WITH THE EVENT) OR WHILE ON THE EVENT PREMISES (COLLECTIVELY, "MY PARTICIPATION"). TO THE FULLEST EXTENT THE LAW, I, FOR MYSELF, MY NEXT OF KIN, MY HEIRS, ADMINISTATORS, AND EXECUTORS (COLLECTIVELY, PETHE LAW, I, FOR MYSELF, MY NEXT OF KIN, MY HEIRS, ADMINISTATORS, AND EXECUTORS (COLLECTIVELY, FITH LAW, I, FOR MYSELF, MY NEXT OF KIN, MY HEIRS, ADMINISTATORS, AND EXECUTORS (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 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 ANDMALS, CONDITIONS OF THE PARTICIPANTS, CONTACT WITH FIXED OR NON-FIXED OBJECTS, CONTACT WITH ANDMALS, 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.

Print Participant's Name		
X		
Participant's Signature (or Parent/Guardian, if under 18)	/	/2015