Susan G. Komen Twin Cities Race for the Cure©

Mall of America®, May 10, 2009

2009 Official Entry *** One person per form***

Mail completed entry form with payment to:
Susan G. Komen Twin Cities Race for the Cure
P.O. Box 312
Lake Elmo, MN 55042-0312

First Name |___|___|___|___|___|___|___|___|___|___|___|___| Last Name |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Male |___| Female |___| Birth Date |___|___|-|___|___|-|___|___|___|___|

E-mail address |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___| Phone # |___|___|___|-|___|___|___|-|___|___|___|___|

Mailing Address |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___| Apt. #/ Suite |___|___|___|___|___|

City |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___| State |___|___| Zip Code |___|___|___|___|___|

Age |___|___| Team Name |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

(If applicable-Requires a Minimum of 10 participants-please call for Team Captain's Kit)

❏ I would like to be recognized as a breast cancer survivor by receiving a complimentary pink cap and T-shirt |___|___| Number of years as a breast cancer survivor

T-shirt Size (Circle one): Adult S Adult M Adult L Adult XL Adult XXL Youth S (6-8) Youth M (10-12) Youth L (14-16)

Event (check one):

❏ 5K Walk	❏ 5K Women's & Men's Run	❏ 1K Walk	❏ 5K Wheelchair Race	❏ Kids Fun Run	❏ Sleep In for the Cure®
No pets or in-line skates allowed	No pets, baby joggers or in-line skates allowed	No pets or in-line skates allowed	No pets or in-line skates allowed	Children 12 & under	For those not participating in an event
9:00 AM Sunday, May 10	7:30 AM Sunday, May 10	9:30 AM Sunday, May 10	7:25 AM Sunday, May 10	3:00 PM Saturday, May 9	Pick up T-shirt at Mall of America, May 8-10

❏ Contact me about **volunteer opportunities** for 2010

RELEASE (Must be signed by all participants or parent/guardian if under age 18): I understand that my consent to these provisions is given in consideration for being permitted to participate in this Event (the "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, and in good physical condition. 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 PREMISES OF THIS EVENT. I, FOR MYSELF, MY NEXT OF KIN, MY MINOR CHILDREN THAT ATTEND, MY HEIRS, ADMINISTRATORS, AND EXECUTORS, HEREBY RELEASE AND HOLD HARMLESS AND COVENANT NOT TO FILE SUIT AGAINST THE SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC. D/B/A SUSAN G. KOMEN FOR THE CURE, THE MINNESOTA AFFILIATE OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION D/B/A THE MINNESOTA AFFILIATE OF SUSAN G. KOMEN FOR THE CURE, THEIR AFFILIATES AND ANY AFFILIATED INDIVIDUALS, THE CITY OF BLOOMINGTON AND PORT AUTHORITY OF THE CITY OF BLOOMINGTON, MINNESOTA, MALL OF AMERICA, MOAC MALL HOLDINGS LLC; MOA ENTERTAINMENT COMPANY LLC; MOA MANAGEMENT LLC AND MOA MARKETING, INC., AND THEIR RELATED ENTITIES, DIRECTORS, PARTNERS, MEMBERS, SHAREHOLDERS, EMPLOYEES, CONTRACTORS, AGENTS, SUCCESSORS, AND ASSIGNS, AND ALL OTHER PERSONS, FIRMS, CORPORATIONS, ASSOCIATIONS, PARTNERSHIPS, TRUSTS, LIMITED LIABILITY COMPANIES, EMPLOYERS, AND THEIR RESPECTIVE SUCCESSORS, HEIRS, EXECUTORS, ADMINISTRATORS, TRUSTS, EMPLOYERS, AGENTS, SUCCESSORS, AND ASSIGNS LIABLE OR WHO MIGHT BE CLAIMED TO BE LIABLE AND 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 MIGHT SUFFER IN CONNECTION WITH MY PARTICIPATION IN THIS EVENT OR WHILE ON THE PREMISES OF THIS EVENT. THIS RELEASE APPLIES TO ANY AND ALL LOSS, LIABILITY, OR CLAIMS I MAY HAVE ARISING OUT OF MY PARTICIPATION IN THIS EVENT, 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 PREMISES OF THE EVENT, NEGLIGENCE OF THE RELEASEES, RISKS NOT KNOWN TO ME OR NOT REASONABLY FORESEEABLE AT THIS TIME, OR OTHERWISE. I give my full consent and permission to Susan G. Komen for the Cure, its local affiliates and races (as defined above), their sponsors and corporate sponsors, their successors, licensees, and assigns the irrevocable right to use, for any purpose whatsoever and without compensation, any photographs, videotapes, audiotapes, or other recordings of me that are made during the course of this event. I understand that this waiver and release may be stored electronically and agree that a copy is authentic and admissible as evidence in any future dispute or proceeding. DRUG TESTING: Participants in this competition may be subject to formal drug testing in accordance with USA T&F rules and IAAF Rule 144. Participants who refuse to be tested or who test positive for banned substances will be disqualified from this event and will be ineligible for future competitions. 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.

Participant Signature ______________________________

Parent or Guardian if under age 18 ______________________________

Date ____________________ *** A signature is required ***

Registration Fees (Not refundable/transferable):

ADULTS:

$25 if postmarked by April 18 $ __________

$30 April 19 – May 9 $ __________

$35 on May 10 (Race day) $ __________

CHILDREN (AGE 12 AND UNDER):

$12 if postmarked by April 18 $ __________

$15 April 19 – May 9 $ __________

$17 on May 10 (Race Day) $ __________

Pre-Race Dinner:

Adults attending ___ at $12 each $ __________

Children attending ___at $6 each $ __________

Donation: I would like to make an additional tax deductible donation* $ __________

Total Payment $ __________

Corporate Matching Gifts: If your company has a matching gift program, you can double your gift/donation. Ask your human resource office for the proper form, fill it out and send it to us.

***Make my additional donation** ❏ **In Memory of** ❏ **In Honor of:** ______________________________

Please send a notice of this donation to: ______________________________

Address ______________________ City ______________________ State _______ Zip ___________

Payment Method (please mark one): ❏ Check (make check payable to: Komen Twin Cities Race for the Cure®) ❏ Cash ❏ VISA ❏ MasterCard ❏ AM Express

Account # |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___| Exp. Date |___|___|-|___|___|

Signature ______________________________

Susan G. Komen Twin Cities Race for the Cure® **does not sell or share your registration information.**

REGISTER ONLINE
(no additional cost)
www.komenminnesota.org