Susan G. Komen Twin Cities Race for the Cure®
Mall of America®, May 9, 2010
2010 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, 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 unable to attend on Race Day
9:00 AM Sunday, May 9	7:30 AM Sunday, May 9	9:30 AM Sunday, May 9	7:25 AM Sunday, May 9	3:00 PM Saturday, May 8	Pick up T-shirt at Mall of America, May 7-9

❑ Contact me about **volunteer opportunities** for 2011

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) I may be removed from this competition if I do not follow all the rules of this Event; (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 WHICH MAY OCCUR DURING MY PARTICIPATION IN THIS 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, "RELEASORS"), HEREBY RELEASE AND HOLD HARMLESS AND COVENANT NOT TO FILE SUIT AGAINST (I) KOMEN, THE MINNESOTA AFFILIATE OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION D/B/A THE MINNESOTA AFFILIATE OF SUSAN G. KOMEN FOR THE CURE, AND ALL OTHER KOMEN AFFILIATES AND THEIR RESPECTIVE DIRECTORS, OFFICERS, VOLUNTEERS, AGENTS AND EMPLOYEES; 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; (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 LOSS, LIABILITY, 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 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 Release and Results 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.

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 17 $ _____
$30 April 18 – May 8 $ _____
$35 on May 9 (Race Day) $ _____

CHILDREN (AGE 12 AND UNDER):
$12 if postmarked by April 17 $ _____
$15 April 18 – May 8 $ _____
$17 on May 9 (Race Day) $ _____

CRAVE 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