

19th Annual Susan G. Komen Brainerd Lakes Race for the Cure[®]

June 30, 2018 2018 Official Entry *** One person per form ***

REGISTER ONLINE
komenbrainerdlakes.org
 Susan G. Komen Brainerd Lakes Race for the Cure[®]
 does not sell or share your registration information.

TEAM INFORMATION: The Team Captain must first create a team online before team members can register for it. Team Captains must pick up ALL registered team member's T-shirts and bibs and distribute the materials to the members. **Please note Team registration deadlines!**

Enter the following, **ONLY** if applicable: Team Name _____ Team Captain _____

First Name | _____ | Last Name | _____ |

Male Female Birth Date | ____-|____-|____ |

E-mail Address | _____ | Phone # | ____-|____-|____ |

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

City | _____ | State | ____ | Zip Code | _____ |

Yes, I would like to be recognized as a breast cancer survivor by receiving a pink T-shirt. | ____ | # of years as a breast cancer survivor

T-shirt Size (check one):

- Adult S Youth S (6-8)
 Adult M Youth M (10-12)
 Adult L Youth L (14-16)
 Adult XL
 Adult XXL
 Adult XXXL

Event (check one):

- 5K Run (Chip Timing)
 5K Walk
 1 Mile Walk
 Sleep in for the Cure
 Zero K
 Kid's for the Cure[®] (Kids for the Cure[®] (2-10 yrs old))

Registration Fees (Not refundable/transerable):

Postmarked by May 1:

- Adult Runners \$25 Kid 5K Runners (Age 12 & under) \$15
 Adult Others \$20 Kids for the Cure[®] (10 & under) \$12

Postmarked by June 21:

- Adult Runners \$30 Kid 5K Runners (Age 12 & under) \$20
 Adult Others \$25 Kids for the Cure[®] (10 & under) \$15

In person June 29:

- Adult Runners \$35 Kid 5K Runners (Age 12 & under) \$25
 Adult Others \$30 Kids for the Cure[®] (10 & under) \$15

In person June 30:

- Adult Runners \$40 Kid 5K Runners (Age 12 & under) \$30
 Adult Others \$35 Kids for the Cure[®] (10 & under) \$20

CORPORATE MATCHING GIFTS: If your company has a matching gift program, you can double your donation. Go to komenbrainerdlakes.org for more information.

TOTAL YOUR PAYMENT: REGISTRATION FEE \$ _____
+ *ADDITIONAL DONATION \$ _____
= TOTAL PAYMENT \$ _____

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 ("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; 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, THE MINNESOTA AFFILIATE OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION D/B/A MINNESOTA AFFILIATE OF SUSAN G. KOMEN FOR THE CURE, AND ALL OTHER KOMEN 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 LOSS, LIABILITY, 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 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 _____ Date _____ Parent's or Guardian's Signature (if under age 18) _____ Date _____

A signature is required for each participant

*Additional donation

I would like to make my additional donation in the amount of \$ _____ credited to:

- ____ Myself (see the HOW YOU CAN HELP section on the brochure)
 ____ Other Fundraiser Named: _____
 ____ Komen Brainerd Lakes General Donation

Payment Method (please mark one):

- Check (payable to: Susan G. Komen Brainerd Lakes Race for the Cure[®])
 Cash

1. Complete Entry Form. (1 per person)
2. Sign the Participant Waiver.

3. Mail completed entry form and entry fee to:

Susan G. Komen Minnesota
 Attention: Brainerd Lakes Data Entry
 960 Southdale Center
 Edina, MN 55435

TEAM MEMBER REGISTRATIONS:

DUE BY JUNE 21, 2018 (Team must 1st be created online)

INDIVIDUALS: POSTMARKED BY JUNE 21, 2018

OR:

REGISTER IN PERSON

June 29 2018: 11:30AM-7:00PM at Forestview Middle School
 Race Day: June 30, 2018: 7:00-8:00AM