

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 K 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/transferable):

Postmarked by April 29:

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

Postmarked by June 20:

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

In person June 28:

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

In person June 29:

- 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	\$ _____

I AGREE ALL REPRESENTATIONS MADE AND RELEASES, WAIVERS, COVENANTS AND CONSENTS GIVEN BY ME HERE ARE GIVEN ON BEHALF OF ME AND ALL MY MINOR CHILDREN OR PERSONS OVER WHOM I HAVE GUARDIANSHIP TRAINING FOR OR PARTICIPATING IN EVENT. MINORS UNDER 18 MUST BE ACCOMPANIED BY A PARENT/GUARDIAN WHO IS ALSO A REGISTERED PARTICIPANT.

In consideration of participation in the Race for the Cure, I, for myself and my next of kin, heirs, administrators and executors, waive and release The Susan G. Komen Breast Cancer Foundation, Inc., its affiliates, including the affiliate conducting Event ("Affiliate"), and their respective directors, employees, volunteers, agents, assigns, vendors, contractors, governments, licensees and successors (collectively, "Releasees"), from any and all claims, liabilities, actions, demands, expenses and attorneys' fees arising out of my training for and participation in Event and my related fundraising activities (collectively, "Event").

I understand Event may involve physical activity, contact with other persons or animals or other potential risk of bodily injury or damage to property. I voluntarily assume full and complete responsibility for and the risk of any injury, including death, accident or lost/stolen property.

I am medically and physically able to participate in Event and take full responsibility for consulting a physician. I consent to emergency medical care and transportation if injured, as medical professionals deem appropriate. This Release extends to any liability arising out of or in any way connected with the medical care/transportation provided, including negligent emergency rescue operations.

I will obey all laws, rules and safety procedures relating to Event. I will abide by any decision of an event official related to my ability to safely compete in Event and exhibit appropriate behavior at all times. Event officials may dismiss me without refund if my behavior endangers the safety of or negatively affects Event or any person or property.

I give Releasees the irrevocable, perpetual and worldwide right to use, copy, publicly perform or display, distribute, modify, translate, and create derivative works of, for any purpose and without compensation (i) any personal statements, photos, videos, audio and other recordings of me made during Event and any original material created by me in connection with Event; and (ii) the results of my participation in Event. Without limiting the foregoing, I agree all personal information provided by me for Event may be used according to the privacy policy referenced below.

This Release will be construed under the laws of the state where Event is held. If any provision of this Release is deemed unenforceable by law, Affiliate may modify such provision to the extent needed to be deemed enforceable and all other provisions will remain in full force and effect.

I understand all donations made in connection with Event are non-refundable and non-transferable and the registration fee is non-refundable, non-transferable and not tax deductible.

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 20, 2019 (Team must 1st be created online)

INDIVIDUALS: POSTMARKED BY JUNE 20, 2019

OR:

REGISTER IN PERSON

June 28, 2019: 3:00-7:00 PM at Pequot Lakes High School

Race Day: June 29, 2019: 7:00-8:00 AM