

20th Annual Susan G. Komen Twin Cities Race for the Cure®

Mother's Day, May 13, 2012 • MALL OF AMERICA®

2012 Official Entry *** One person per form ***

REGISTER ONLINE

komenminnesota.org

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

First Name | _____ | Last Name | _____ |
Male Female Birth Date | ____-__-____ |
E-mail Address | _____ | Phone # | ____-____-____ |
Mailing Address | _____ | Apt. #/ Suite | _____ |
City | _____ | State | ____ | Zip Code | _____ | Age on Race Day | ____ |

Yes, I would like to be recognized as a breast cancer survivor by receiving a pink cap and T-shirt. ____ # of years as a breast cancer survivor
 Contact me about **volunteer opportunities** for 2013

TEAM INFORMATION: Teams consist of 10 or more members. The Team Captain must first create a team before team members can register for it. Team Captains must pick up ALL registered team member's T-shirts and wristbands and distribute the materials to the members. Please note Team registration deadlines!

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

Event (check one): <input type="checkbox"/> 5K Walk <input type="checkbox"/> 5K Co-Ed Run <input type="checkbox"/> 1K Walk <input type="checkbox"/> 5K Wheelchair Race <input type="checkbox"/> Kid's Fun Run <input type="checkbox"/> Sleep In for the Cure®	T-shirt Size (check one): <input type="checkbox"/> Adult S <input type="checkbox"/> Youth XS (2-4) <input type="checkbox"/> Adult M <input type="checkbox"/> Youth S (6-8) <input type="checkbox"/> Adult L <input type="checkbox"/> Youth M (10-12) <input type="checkbox"/> Adult XL <input type="checkbox"/> Youth L (14-16) <input type="checkbox"/> Adult XXL	CRAVE Pre-Race Dinner: I ____ # Adults attending (\$12 each) I ____ # Children attending (\$6 each)	Registration Fees (Not refundable/transferable): Postmarked by Feb. 29: <input type="checkbox"/> Adults \$25 <input type="checkbox"/> Kids (Age 12 & under) \$12 Postmarked by April 21: <input type="checkbox"/> Adults \$30 <input type="checkbox"/> Kids (Age 12 & under) \$15 Postmarked by May 5 or in person by May 12: <input type="checkbox"/> Adults \$35 <input type="checkbox"/> Kids (Age 12 & under) \$17 Race Day, May 13: <input type="checkbox"/> Adults \$40 <input type="checkbox"/> Kids (Age 12 & under) \$20
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Will you consider an additional tax deductible \$20 donation in honor of our 20th annual Komen Twin Cities Race for the Cure®?

PLEASE NOTE: This is considered a General donation and not applied to team or individual fundraising pages. Please submit those Friends for the Cure® donations separately with a Friends for the Cure donation form to ensure proper credit is given.

TOTAL YOUR PAYMENT:

DINNER AMOUNT \$ _____ + REGISTRATION FEE \$ _____ + DONATION* AMOUNT \$ _____ = TOTAL PAYMENT \$ _____

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

PHOTO GRAPHIC AND RESULTS RELEASE and WAIVER and RELEASE OF CLAIMS. I AGREE THAT ANY AND ALL REPRESENTATIONS MADE AND RELEASES, 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 WH OM 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 (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 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 WH O 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 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 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 _____ Date _____
Parent or Guardian's signature (if under 18) _____ Date _____
A signature is required for each participant

INDIVIDUAL REGISTRANTS (NOT ON A TEAM)
Mail completed entry form and entry fee to:
Susan G. Komen Twin Cities Race for the Cure
P.O. Box 312
Lake Elmo, MN 55042-0312

*Make my additional donation In Memory of In Honor of: _____
Please send a notice of this donation to: _____
Address _____
City _____ State _____ Zip _____

TEAM MEMBERS
Give your entry form and payment to your Team Captain.
TEAM CAPTAINS
Mail all member's registration forms together by April 21, 2012 to:
Susan G. Komen Twin Cities Race for the Cure
Mall of America
301 South Avenue
Bloomington, MN 55425

Payment Method (please mark one): Check (payable to: Komen Twin Cities Race for the Cure®) Cash
 VISA MasterCard AM Express
Account # | _____ |
Exp. Date | ____-__-____ |
Signature _____

REGISTER IN PERSON (NON TEAM MEMBERS)
April 9th-May 10, 2012: 10AM-8PM at our Shop for the Cure® kiosk in MOA® Rotunda
Race weekend: May 11 & 12 between 10AM-8PM
Race Day: May 13th, from 6AM to 9:30AM.