

2011 Komen Phoenix Race for the Cure® Entry Form

REGISTER ONLINE BY SEPTEMBER 21 AND YOUR RACE T-SHIRT/BIB WILL BE MAILED AT NO ADDITIONAL COST! komenphoenix.org

1 Contact Information

One form per person. Photocopies acceptable. Incomplete or unsigned forms not accepted.

Last Name										First Name									
Address																			
City										State					Zip				
Email address - required for team captains																			
Phone										DOB (mm/dd/yyyy)					Gender				

Mail-in Deadlines

Teams - postmarked by September 21
 Individuals - postmarked by September 27

Return Payment to

Komen Phoenix Race for the Cure
 PO Box 62888
 Phoenix, Arizona 85082

Entry Fee

Entry fee is not tax-deductible, transferable or refundable.
 DO NOT SEND CASH. Do not staple checks.

2 Team Information

Team name must look identical to Team Captain's or entry will be registered as an individual. A minimum of 10 registered participants per team is required by 9/21/11 to qualify for team awards.

Team Name															Are you the Team Captain?				
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3 Buddy Check 12

Yes! Sign me up for Buddy Check 12.
 See komenphoenix.org for more information.

4 Survivor Recognition

Yes, I would like to be recognized as a breast cancer survivor by receiving a complimentary pink cap and t-shirt.

5 Sign race waiver and release

Participant signature required for race eligibility.

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; 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 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 PHOENIX AFFILIATE OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION D/B/A THE PHOENIX 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 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 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's Name										Participant's Signature										Parent or Guardian Signature (if registrant is under 18)										Date				
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6 T-Shirt Size

Circle one. All sizes as available.

S	M	L	XL	2XL	3XL	S	M	L
Adult						Youth		

8 Select an event

All events are non-competitive. Digital clock will show finish time. Race Cert. #AZ 07009TLB

<input type="checkbox"/> 1 Mile Run/Walk	<input type="checkbox"/> 5k Run	<input type="checkbox"/> 5k Walk
<input type="checkbox"/> Sleep in for the Cure®	<input type="checkbox"/> Breast Cancer Survivors 5k Run	

7 Select Category

Category	Postmarked by 9/21	Postmarked 9/22 - 10/9
Breast Cancer Survivors	\$20	\$20
Youth (ages 0-12)	\$15	\$20
Adult (ages 13+)	\$30	\$35
Race entry fee \$		
Additional tax-deductible donation \$ <small>\$150 can provide a life-saving mammogram!</small>	\$	\$
Total Amount Enclosed	\$	\$

9 Payment

Enclosed check payable to: Komen Phoenix Please charge my credit/debit card:

<input type="checkbox"/> AmEx	<input type="checkbox"/> Discover	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard
Card #			CVV Code
Signature			Exp. Date