



Official Mail-In Race Application

2012 Komen Southwest Michigan Race for the Cure®, Sunday, May 20

Register online at www.komenswmichigan.org

First Name *(please print)* _____ Last Name _____

Address _____

City _____ County _____ State _____ Zip _____

Phone _____ Date of Birth _____ Age _____ M _____ F _____

Email Address *(Receive race updates via email. For Komen purposes only)* _____

Team Name _____ Company Name _____

Please Circle T-shirt Size: S M L XL 2X 3X YS YM YL
 We can only guarantee T-shirts to the first 3,500 registered participants.
 A variety of adult and youth sizes will be ordered. Sizes **cannot** be guaranteed and will be distributed first come, first served.

Please Circle Would you like to be recognized as a breast cancer survivor? Y N

NOTE:

For the safety of all participants, inline skates and pets are discouraged from participating in this event. Strollers are allowed only in the walking events.

Make checks payable to:
 Komen SW Michigan
 Race for the Cure

Mail completed entry form and entry fee by May 7 to:
 Komen Southwest Michigan
 Race for the Cure
 229 E. Michigan Ave.
 Suite 245A
 Kalamazoo, MI 49007

Entry Fees (non refundable)				
	by May 1	May 1 – May 19	May 20 Race Day	\$
5K/1 Mile Run/Walk untimed	\$25	\$30	\$40	
5K Run/Walk timed	\$30	\$35	\$45	
In the Pink untimed	\$75	N/A	N/A	
In the Pink timed	\$80	N/A	N/A	
High School/Teen untimed	\$15	\$20	\$25	
High School/Teen timed	\$20	\$25	\$30	
Kids under 12 w/ Reg Adult untimed	\$5	\$10	\$15	
Kids under 12 w/ Reg Adult timed	\$10	\$15	\$20	
Supporter	\$25	\$30	N/A	
Mail Packet if registered by May 7	\$5	N/A	N/A	
Discount #				
Total Enclosed				

Credit Card: Visa MasterCard

Account # _____ Exp. Date ____/____/____

Card Authorization Signature _____

To be completed by Komen:

Amt. Received: _____ Date: _____

Check #: _____ Signature: _____

PHOTOGRAPHIC AND RESULTS RELEASE and WAIVER AND RELEASE OF CLAIMS (Must be signed by participant. Entry form is not valid unless signed below.)

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, "RELEASEES"), HEREBY RELEASE AND HOLD HARMLESS AND COVENANT NOT TO FILE SUIT AGAINST (I) KOMEN, Southwest Michigan Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. D/B/A Southwest Michigan 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.

The event will occur rain or shine. We reserve the right to cancel in extreme circumstances. In that event, there will be no refunds; rather your entry fee will be used as a donation to the Susan G. Komen Southwest Michigan Race for the Cure®

Signature _____ Parent/Guardian (if under 18) _____ Date _____