

# Electronic Race Application

2010 Komen Southwest Michigan Race for the Cure®, Sunday, May 16

## REGISTER ONLINE Receive a Discount

### Mail completed entry form and entry fee to:

Komen Southwest Michigan Race for the Cure  
229 E. Michigan Avenue, Suite 245A, Kalamazoo, MI 49007  
Make checks payable to: Komen SW Michigan Race for the Cure

Team Name (only if part of official Teaming Up For the Cure program)

Team Captain's Name

Company Name

First Name (please print)

Last Name

Address

City

County

State

Zip

Phone

Date of Birth

Age

M

F

Email Address

Please Circle T-shirt Size: S M L XL XXL YS YM

### Entry form is not valid without signature below.

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. This 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 Komen Southwest Michigan Race for the Cure.

We can only guarantee T-shirts to the first 3,000 registered participants. A variety of adult and youth sizes will be ordered, but sizes cannot be guaranteed and will be distributed first come, first served.

Would you like to be recognized as a breast cancer survivor?

Y

N

### Entry Fees (non refundable)

	BY MAY 1	MAY 2 through MAY 15	MAY 16 (RACE DAY)	\$
5K Run Timing chip included	\$33	\$38	\$43	
5K / 1 Mile Run/Walk No timing chip	\$30	\$35	\$40	
In the Pink by May 1, Timing chip needed <input type="checkbox"/> Y <input type="checkbox"/> N	\$75	N/A	N/A	
Supporter	\$30	\$30	N/A	
High School/Teens w/ timing chip, ages 13 – 18 years	\$18	\$23	\$28	
High School/Teens No timing chip	\$15	\$20	\$25	
Kids under 12 w/ Reg Adult & timing chip	\$8	\$13	\$18	
Kids under 12 w/ Reg Adult no timing chip	\$5	\$10	\$15	
<b>\$5 donation to add picture of loved one to the MEMORY WALL:</b>				
<b>Have your Race packet mailed for an additional \$6 fee if registered by May 1<sup>st</sup>.</b>				
<b>Discount #</b>				
<b>Total Enclosed</b>				

**Thank You!!  
\$5 Discount available if you register online!**

Credit Card Information:  Visa  MasterCard  Discover  American Express

Account # \_\_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_

### Race Waiver and Release (must be signed by participant)

**PHOTOGRAPHIC RELEASE** I give my full consent and permission to Susan G. Komen for the Cure, its local affiliates and races (as defined below), their sponsors and corporate sponsors, their successors, licensees, and assigns the irrevocable right to use, for any purpose whatsoever and without compensation, any photographs, videotapes, audiotapes, or other recordings of me that are made during the course of this event (the "Event").  
**WAIVER AND RELEASE OF CLAIMS** I understand that my consent to these provisions is given in consideration for being permitted to participate in this Event. I further understand that I may be removed from this competition if I do not follow all the rules of this Event. I am a voluntary participant in this Event, and in good physical condition. 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 PREMISES OF THIS EVENT. I, FOR MYSELF, MY NEXT OF KIN, MY MINOR CHILDREN THAT ATTEND THE EVENT, MY HEIRS, ADMINISTRATORS, AND EXECUTORS, HEREBY RELEASE AND HOLD HARMLESS AND COVENANT NOT TO FILE SUIT AGAINST THE SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC. D/B/A SUSAN G. KOMEN FOR THE CURE, THE SOUTHWEST MICHIGAN AFFILIATE OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION D/B/A THE SOUTHWEST MICHIGAN AFFILIATE OF SUSAN G. KOMEN FOR THE CURE, THEIR AFFILIATES AND ANY AFFILIATED INDIVIDUALS, ANY EVENT SPONSORS AND THEIR AGENTS AND EMPLOYEES, AND 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 IN THIS EVENT OR WHILE ON THE PREMISES OF THIS EVENT. THIS RELEASE APPLIES TO ANY AND ALL LOSS, LIABILITY, OR CLAIMS I MAY HAVE ARISING OUT OF MY PARTICIPATION IN THIS EVENT, 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 PREMISES OF THE EVENT, NEGLIGENCE OF THE RELEASEES, RISKS NOT KNOWN TO ME OR NOT REASONABLY FORESEEABLE AT THIS TIME, OR OTHERWISE. This Photographic 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.

I understand that I have given up substantial rights by signing (or agreeing by online registration) to this Release, and have signed it or agreed to 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. I understand that this Waiver and Release may be stored electronically and agree that a copy is authentic and admissible as evidence in any future dispute or proceeding.

Signature \_\_\_\_\_ Parent/Guardian (if under 18) \_\_\_\_\_ Date \_\_\_\_\_

To be completed by Komen:

Amt. Received: \_\_\_\_\_ Date: \_\_\_\_\_

Check #: \_\_\_\_\_ Signature: \_\_\_\_\_