

Komen Maryland Race for the Cure 2009 Registration Form

One form per entrant, copies are acceptable or you can register online at www.komenmd.org. Please print clearly in dark ink.

PARTICIPANT INFORMATION

Team Name: _____

First Name: _____

Last Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Email address: _____

Daytime Phone: _____

Age as of Race Day: _____ Date of Birth: _____

Sex: M F

I would like to be recognized as a breast cancer survivor by receiving a complimentary pink cap and T-Shirt.

T-Shirt Size: (all sizes while supplies last)

S M L XL XXL XXXL

Kids for the Cure T-Shirt Size: (all sizes while supplies last)

Youth Small Youth Medium Youth Large

Which of the following best describes your ethnicity?

- | | |
|---|--|
| <input type="checkbox"/> 1) White/Caucasian | <input type="checkbox"/> 5) Asian American |
| <input type="checkbox"/> 2) Black/African American | <input type="checkbox"/> 6) Pacific Islander |
| <input type="checkbox"/> 3) Spanish, Hispanic or Latino descent | <input type="checkbox"/> 7) Other Race [Please Specify: _____] |
| <input type="checkbox"/> 4) Native American or Alaskan Native | <input type="checkbox"/> 8) Prefer Not to Answer |

RACE RELEASE/PARTICIPATION AGREEMENT

Please read and sign. Your signature is required to participate in the race. (Si usted esta interesado en solicitar una copia en Espanol de la Execion de Responsabilidad de la Carrera una copia esta disponible)

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 MARYLAND AFFILIATE OF

Signature _____

Signature of parent or guardian required if participant is under 18

PAYMENT INFORMATION

\$40.00 **Timed Registration** (5k competitive run, team members or individuals, not available on Race day)

\$35.00 **Adult Registration** (team members or individuals)

\$35.00 **Sleep In for the Cure Registration**

\$10.00 **Kids for the Cure Registration** Kids 11 and under. Limited to the first 2000 kids.

\$5.00 **T-shirt Mailing fee** (only for mail-in registrations post marked by September 21, 2009)

\$40.00 **Race Day Registration**

\$_____ Enclosed is an additional donation to help fund local breast health services. (one screening mammogram costs over \$89)

\$_____ **Total enclosed.**

Please make all checks payable to Komen Maryland Race for the Cure or complete the credit card section. Do not mail cash.

Credit Card Information:

I would like to charge my fees and/or donations.
 Visa MC Disc Amex

CC# _____

Name on card _____

Expiration date _____

Total charged _____

Signature _____

**Send signed entry form and check to:
Komen Maryland Race for the Cure
c/o Hermes Sports & Events,
1624 St. Clair Avenue, Cleveland, OH 44114**

THE SUSAN G. KOMEN BREAST CANCER FOUNDATION D/B/A THE MARYLAND 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 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.

Date _____