

2010 Komen Southern Arizona Entry Form

OR REGISTER ONLINE
www.komensaz.org

FOR OFFICE USE ONLY

REGISTRATION _____ DONATION _____
PAYMENT Credit Cash Check # _____
TIMED Y N _____ BIB # _____

ALL ENTRY FORMS MUST BE SIGNED. No entry form accepted without payment. Entry fees are non-refundable. Entry forms may be photocopied. Please do not staple or tape payment to entry form or send cash.

STEP 1: Sign Race Waiver & Release —all entry forms 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 SOUTHERN ARIZONA AFFILIATE OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION D/B/A THE SOUTHERN ARIZONA 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.

Participant Signature _____ Date _____

Parent or Guardian's signature if under 18: _____ Date _____

STEP 2: Fill Out Individual Information —please, only ONE individual per form!

In accordance with FACTA, all information provided will be used solely by Susan G. Komen for the Cure and will not be sold to third party companies.

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

Telephone () _____ Email _____

Age (on Race Day) _____ Gender _____ T-Shirt SIZE YM S M L XL XXL XXXL

Would you like to be recognized as a **Breast Cancer Survivor** by receiving a complimentary pink cap and T-shirt? Yes

STEP 3: Select an Event —check one

1 Mile Fun Run/Walk 5K Run/Walk

5K Competitive Run (timed)
Please include Competitive Timing Fee

Sleep In for the Cure —Now there is an option for everyone. Out of town on Race day? Work late hours? Have a prior commitment? Too sleepy to walk or run? Show your support as a 'virtual entrant' from wherever you happen to be. Simply register online or by mail and you will receive a Sleep In gift with your t-shirt and bib.

STEP 4: Team Member? —groups of 10+

Team Name _____

Captain's Name _____

Captain's Telephone () _____

- School K-12** **College/University**
 Small Business Fewer than 50 employees **Corporation** 50 or more employees
 Organization Non-profit agencies, professional associations **Groups** Neighborhoods, family, friends

STEP 5: Determine Fee

Mailing fee included with EARLY Registrations!

- General Participant** —EARLY registration **\$30**
 General Participant —LATE registration **\$35**
 Breast Cancer Survivor —for survivors ONLY **\$25**
 Kids for the Cure® —kids ages 4-12 **\$17**
—kids ages 3 & under are FREE (t-shirt and bib not provided)
 Sleep In for the Cure® —attend in spirit **\$35**
 Competitive Timing Fee —all competitive runners **\$5**
 TAX DEDUCTIBLE DONATION **\$**

This donation could be used to provide one underserved community member a mammogram through our community grants program.

Checks payable to: **Komen SAZ** **TOTAL: \$** _____
Registration fees are not tax-deductible

STEP 6: Submit Registration

EARLY REGISTRATION (receive packet by mail)

MAIL-IN FORMS —Postmarked on or before Wed., March 24th
4574 E. Broadway Blvd., Tucson, AZ 85711

ONLINE —Closes Friday, April 2nd at 12:00 noon

LATE REGISTRATION (on site packet pick-up required)

ONLINE —Re-opens Friday, April 2nd at 12:15 p.m.
—Final Closure Tuesday, April 6th at 12:00 noon

ON SITE **EI Con Mall** **Reid Park**
Fri, April 9th / 12-6pm Sun, April 11th / 6-7:45 am
Sat, April 10th / 10am-3pm