

RACE ENTRY FORM (please PRINT)

Online registration also available at KomenPhiladelphia.org/Race

RACE NUMBER: _____
CC CHECK CASH REF _____

LAST NAME (ONE PERSON PER FORM)

FIRST NAME

MI

ADDRESS

APT. #

CITY

STATE

ZIP

PHONE

T-SHIRT SIZE (not guaranteed)

☐ I do not want a T-shirt; put the money into the mission!

YOUTH 6-8

YOUTH 14-16

ADULT S

ADULT M

ADULT L

ADULT XL

AGE

GENDER

M ☐

F ☐

EMAIL ADDRESS

☐ CHECK HERE IF YOU DO NOT WANT TO RECEIVE EMAIL CORRESPONDENCE

Email address is required to provide a personal fundraising page and essential Race information. Email preference can be updated at any time.

BIRTH DATE

TEAM NAME

Do you plan to fundraise?

YES ☐ NO ☐

If registering a minor, please indicate the full name of the registered companion (16 yrs. or older) responsible for him/her.

RACE FOR THE CURE RELEASE AND WAIVER

I AGREE ALL REPRESENTATIONS MADE AND RELEASES, WAIVERS, COVENANTS AND CONSENTS GIVEN BY ME HERE ARE GIVEN ON BEHALF OF ME AND ALL MY MINOR CHILDREN OR PERSONS OVER WHOM I HAVE GUARDIANSHIP TRAINING FOR OR PARTICIPATING IN EVENT. MINORS UNDER 18 MUST BE ACCOMPANIED BY A PARENT/GUARDIAN WHO IS ALSO A REGISTERED PARTICIPANT.

In consideration of participation in the Race for the Cure, I, for myself and my next of kin, heirs, administrators and executors, waive and release The Susan G. Komen Breast Cancer Foundation, Inc., its affiliates, including the affiliate conducting Event ("Affiliate"), and their respective directors, employees, volunteers, agents, assigns, vendors, contractors, governments, licensees and successors (collectively, "Releasees"), from any and all claims, liabilities, actions, demands, expenses and attorneys' fees arising out of my training for and participation in Event and my related fundraising activities (collectively, "Event").

I understand Event may involve physical activity, contact with other persons or other potential risk of bodily injury or damage to property. I voluntarily assume full and complete responsibility for and the risk of any injury, including death, accident or lost/stolen property.

I am medically and physically able to participate in Event and take full responsibility for consulting a physician. I consent to emergency medical care and transportation if injured, as medical professionals deem appropriate. This Release extends to any liability arising out of or in any way connected with the medical care/transportation provided, including negligent emergency rescue operations.

I will obey all laws, rules and safety procedures relating to Event. I will abide by any decision of an event official related to my ability to safely compete in Event and exhibit appropriate behavior at all times. Event officials may dismiss me without refund if my behavior endangers the safety of or negatively affects Event or any person or property.

I give Releasees the irrevocable, perpetual and worldwide right to use, copy, publicly perform or display, distribute, modify, translate, and create derivative works of, for any purpose and without compensation (i) any personal statements, photos, videos, audio and other recordings of me made during Event and any original material created by me in connection with Event; and (ii) the results of my participation in Event. Without limiting the foregoing, I agree all personal information provided by me for Event may be used according to the privacy policy referenced below. This Release will be construed under the laws of the state where Event is held. If any provision of this Release is deemed unenforceable by law, Affiliate may modify such provision to the extent needed to be deemed enforceable and all other provisions will remain in full force and effect.

I understand all donations made in connection with Event are non-refundable and non-transferable and the registration fee is non-refundable, non-transferable and not tax deductible.

I certify I am at least 18 years old. I understand I have given up substantial rights by accepting this Release and have signed it freely and voluntarily without any inducement, assurance or guarantee. I intend my acceptance to be a complete and unconditional release of liability to the greatest extent allowed by law.

SIGNATURE _____ DATE _____

PARENT'S OR GUARDIAN'S SIGNATURE (IF UNDER AGE 18)

Prizes with fair value over \$500.00 must be reported to the Internal Revenue Service. A certificate will be awarded stating that you won the prize and the prize will be provided after verification of your Social Security number, as required by the IRS.

▶▶▶ SIGNATURE REQUIRED ◀◀◀

BREAST CANCER SURVIVORS & FOREVER FIGHTERS

Would you like to be recognized as a survivor by receiving a pink bib and T-shirt? YES ☐ NO ☐

Would you like to be part of our Forever Fighter Experience (living with metastatic breast cancer)? YES ☐ NO ☐

Are you a first-year survivor (diagnosed since Jan. 2016)? YES ☐ NO ☐

EVENTS

☐ 5K Run ☐ 5K Walk ☐ 1-Mile Fun Walk ☐ Kids Dash

FEES

Adults: Received by 3/17: \$32 | 3/18-4/14: \$37 | Race weekend: \$42
Children (12 and under): \$17 Includes Kids for the Cure Dash to Make a Difference

MAKE CHECKS PAYABLE TO (AND SEND BY 4/14/17):

Susan G. Komen® Philadelphia
ATTN: Race Office
125 South 9th Street, Suite 202
Philadelphia, PA 19107

(ONLY ONE PERSON PER FORM)

DESCRIPTION	COST	TOTAL
Children 12 and under	\$17	
Adult entry fee (circle one)	\$32 \$37 \$42	
S&H for one (1) number and T-shirt; must be sent by 4/14/17	\$9	
Electronic score tag/timing device	\$3/tag	
27 th anniversary donation (suggested \$27)	\$	
Donation, other amount	\$	
Car raffle (\$5 per ticket*)	quantity	
Car raffle (\$25 for book of 6 tickets*)	quantity	
Park n Ride pass (\$8 per car)	quantity	
Fundraising amount enclosed	\$	
TOTAL ENCLOSED	\$	

*Raffle ticket receipts will be available for pickup Race weekend. See website.