

2018 RACE PARTICIPANT ENTRY FORM

Sunday April 29th, 2018 • 2 PM • Adado Riverfront Park • Lansing, MI • www.komenmichigan.org/MMRace18

PLEASE PRINT - FILL OUT CLEARLY AND COMPLETELY. ONE PERSON PER ENTRY FORM.

	CON	1PLE	TED	FO	RMS	S & F	1YAC	MEN	T C	AN	BE N	1AIL	ED	TO:	PO I	30X	436	8, E	AST	ΓLA	NSI	NG, I	MI 4	882	6		
First Name Last Name																								1	M.I.		
Street A	ddres	s (In	cluc	de Si	uite	/Ap	t #))																			
City												Sta	te	,	Zip	Cod	de				Gen	der					
	-				-								/			/						\$					
Phone Number Date of B												f Bir	rth (MM/DD/YYYY)								Fundraising Goal						
																										П	
E-Mail Address (For Komen Michigan only - will not be distributed)																											
		1									Π												T -			П	
Emerge	ncy Co	<u>ı</u> onta	ct N	ame						!	<u> </u>	<u> </u>	<u> </u>		ļ	Eme	erge	ncy	, Co	nta	ct P	hon	e N	umk	oer		
T-Shirt Size (Circle One): YS YM YL S M L XL 2X 3X O I would prefer not to receive a t-shirt. T-shirt sizes are not guaranteed.														nirt.													
Are you	a brea	ast c	anc	er sı	urvi	ivor	? ()Ye	5	ON	0	ΟI	am	cur	rent	ly u	nde	rgo	ing	trea	tme	ent f	for l	orea	ist ca	ance	er.
																										П	
Team Name (Skip this portion if you are registering as an individual) O I am the team's captain.																											
Which event would you like to participate in? (Select One): O 5K Run/Walk O1 Mile Community Walk																											
GISTRATIO	ON FEE	S & A	DD-0	ONS																							
) ADULT (24 AND UP)*								\$	25	0	TIN	41NG	G CH	IIP										\$5			
•										_	Required to track results and qualify for awards																
YOUTH (AGES 18 and Under)*									9	515	O	FLOWERS FOR THE CURE** Honor a loved one by purchasing a pink 9-10" flower in their name.													\$25		
) SLEEP IN FOR THE CURE** For those who prefer to snooze rather than lace up their shoes.								\$	30	0			D A DONATION nations are tax-deductible and make a huge impact!														
1011103	c viilo pi	CICI II	5 51 100)_C 10	ici ici	a iai i	iacc (, CI 10	J.II JIII	<i></i>													-	ΓΟΊ	AL:	\$	
*On April	25th, 20 Registra																										ate.

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 ("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 (INCLUDING, BUT NOT LIMITED TO, MY FUNDRAISING ACTVITIES associated

with the 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, "RELEASORS"), HEREBY RELEASE AND HOLD HARMLESS AND COVENANT NOT TO FILE SUIT AGAINST (1) KOMEN, SUSAN G. KOMEN MICHIGAN 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 FOR 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. I UNDERSTAND THAT I AM SOLÉLY RESPONSIBLE AND LIABLE FOR ALL ASPECTS

OF MY FUNDRAISING ACTIVITIES ASSOCIATED WITH MY PARTICIPATION, INCLUDING, BUT NOT LIMITED TO, THE SAFE AND LAWFUL CONDUCT OF ANY FUNDRAISING ACTIVITIES. 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 inclucement, 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's Signature (or Parent/Guardian if under 18)

OFFICE USE ONLY

Bib # Cash \$ Check # Initials:

Date