susan G. Komen race FOR THE cure®
CENTRAL VIRGINIA

NATIONAL SERIES SPONSORS

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5.10.14

2014 KOMEN CENTRAL VIRGINIA RACE FOR THE CURE® ENTRY FORM*

* All information fields are required and must be filled completely.

First Name | Last Name

Email (Your information and email address will only be used for race purposes and will not be shared with any other organization or entities)

Street Address

City | State | Zip Code

Phone(s) at which we can reach you OR

M F Gender

M M D D Y Y Birth Date | Age on Race Day | S M L XL 2XL 3XL Adult T-shirt Sizes | S M L XL Youth T-shirt Sizes | No T-shirt

T-SHIRT NOTE Due to ordering requirements, we are unable to guarantee T-shirt sizes. **Pick up your packets early** for the best advantage to acquire your favorite size T-shirt.

Race Course Certif. No: USATF Certified Course VA-08010-RT
Please contact us at info@komencentralva.org for details.

PHOTOGRAPHIC AND RESULTS RELEASE and WAIVER AND RELEASE OF CLAIMS (must be signed by participant)

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 (I) KOMEN, Greater Richmond Virginia Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. D/B/A Central Virginia Affiliate of Susan G. Komen 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 I OR 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 SOLELY 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 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.

The 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 Susan G. Komen Central Virginia Race for the Cure®.

PARTICIPANT'S NAME

X

SIGNATURE (Parent's or Guardian's Signature if under age 18) **DATE**

BREAST CANCER SURVIVOR?

YES NO

Would you like to be recognized as a breast cancer survivor and receive a complimentary survivor T-shirt?

REGISTRATION DEADLINES

- *Mailed registration forms must be received by **May 2.***
- *Online registration open through **May 7.***
- *In person registration available at Packet Pickup on **May 8 and 9.***

Please circle the appropriate fee within your registration category.

ENTRY FEES	*Regular*	*Breast Cancer Survivor*
☐ 5K Recreational	$30.00	$25.00
☐ 5K Competitive *Register in this category to get a timing chip*	$35.00	$30.00
☐ Kids for the Cure® *Children ages 6 to 12*	$20.00	$20.00
☐ Sleep In for the Cure® *Register by May 3 to receive your Sleep In packet before the Race*	$35.00	$30.00

☐ Add a tax deductible donation $_____

TOTAL AMOUNT ENCLOSED $_____

Make check/MO payable to:
Komen Central Virginia
Race for the Cure®

Mail to: Komen Central Virginia
Race for the Cure®
1433 Johnston Willis Drive
Richmond, VA 23235

DATE/AMT. PAID	CHECK #/CASH	CONVIO DATE