

Susan G. Komen New Orleans Race for the Cure®
Race Registration Form
Saturday, October 24, 2015 • City Park
Register online for a \$5 discount by Sept. 1



7:00 a.m. Race Day Registration & Packet Pickup Opens
8:00 a.m. Survivor Recognition Program
8:30 a.m. Kids Dash
8:45 a.m. 1 Mile Run/Walk
9:30 a.m. 5K Run/Walk

Team Name (if applicable):

First Name:

Last Name:

Email Address:

Mailing Address:

City: State: Zip:

Phone:

Gender: M F Age: Date of Birth: / /

Race T-Shirt: All entries include T-shirt.
 Size (Circle One) (due to ordering requirements, t-shirts/sizes are not guaranteed)
 Youth Size: YS YM Adult Size: SM MED LG XL 2XL 3XL

Check here to be recognized as a breast cancer SURVIVOR.
 All registered survivors will receive a pink bib number, additional pink survivor shirt and survivor medal.

| Entry Fees: One participant per Entry Form. Check appropriate box. | Until Sept. 1 | After Sept. 1 |
|---|---------------|---------------|
| <input type="checkbox"/> Adult Ages 18 and older | \$30 | \$35 |
| <input type="checkbox"/> Teen Ages 13-17 | \$25 | \$30 |
| <input type="checkbox"/> Kids for the Cure® Ages 12 and younger. All registered children will receive a special Kids for the Cure® award and yellow bib number. Yellow bib number must be worn as entry to the Kids Tent. | \$20 | \$25 |
| <input type="checkbox"/> Sleep in for the Cure® For those unable to attend the Race – t-shirt will be mailed. No discounts apply. | \$35 | \$35 |
| <input type="checkbox"/> Add an additional donation | \$ | _____ |

Payment Information:

Cash Check Number # _____

Payment by Credit Card **Make checks payable to Susan G. Komen Race for the Cure**
 All entry fees are non-refundable

Account:

Card Type: Visa MC AMEX Expiration: / Bank Code:

Cardholder Signature: _____ Total Amount Enclosed: \$ _____

PHOTOGRAPHIC AND RESULTS RELEASE AND WAIVER AND RELEASE OF CLAIMS

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 for the Cure ("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 ACTIVITIES 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, "RELEASEES"), HEREBY RELEASE AND HOLD HARMLESS AND COVENANT NOT TO FILE SUIT AGAINST (I) KOMEN, The Susan G. Komen Breast Cancer Foundation New Orleans Chapter" D/B/A "Susan G. Komen for the Cure New Orleans Affiliate 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 RELEASEES 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 New Orleans Race for the Cure®.

Participant's Name (Printed): _____

Signature: _____

Parent or Guardian's Signature (Required for participants under 18) _____

Date _____

Susan G. Komen® New Orleans Affiliate
 (504) 455-7310

KomenNewOrleans.org