

Each registrant must complete and SIGN form. Only one registrant per form.

LAST NAME	FIRST NAME
TEAM NAME <small>(IF APPLICABLE)</small>	
STREET ADDRESS	
CITY	STATE ZIP CODE
DAYTIME PHONE	CELL PHONE
- -	- -
E-MAIL ADDRESS	SEX AGE ON SEP DATE OF BIRTH
	M F 28 MONTH / DAY / YEAR
	<small>(REQUIRED FOR RESULTS)</small>
<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard	CARD NUMBER EXPIRATION DATE

**For the safety of all participants, inline skates are discouraged.
Per city ordinance 9.90.52, pets of any sort are prohibited.
Thank you for your cooperation.**

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, GREATER EVANSVILLE AFFILIATE OF SUSAN G. KOMEN BREAST CANCER FOUNDATION D/B/A EVANSVILLE TRI-STATE AFFILIATE SUSAN G. KOMEN FOR THE CURE 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. Note: This 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 will be used as a donation to the Komen Evansville Tri-State Affiliate Race for the Cure.

Participant's Name	Signature	Parent's or Guardian's Signature if under age 18	Date
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Received by 9/24/14 – NO LATER than 5pm

Komen Evansville Tri-State Affiliate Office
4424 Vogel Road Suite 205
Evansville, IN 47715

Team Deadline is 9/12/14

ADULT REGISTRATION - Ages 11 and Up

Adult Short Sleeve Shirt, 100% cotton
T-shirts are guaranteed to the first 10,000 entrants
Availability of Shirt Size requested is not guaranteed

Circle Choice: S M L XL 2XL 3XL

- | | |
|---|------|
| <input type="checkbox"/> Participant | \$25 |
| <input type="checkbox"/> TIMED Participant | \$30 |
| <input type="checkbox"/> Proud In The Crowd | \$25 |
| <input type="checkbox"/> Late Registration (Starting 9/25/14) | \$30 |

YOUTH REGISTRATION - Ages 4 - 10

Youth Size L Short Sleeve Shirt, 100% cotton

If Adult Size is required, please register as an Adult

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|--------------------------------------|------|
| <input type="checkbox"/> Participant | \$15 |
|--------------------------------------|------|

CHILD REGISTRATION - Ages 0 - 3

No Shirt will be provided for this age group, if a shirt is desired, please register as a 4 -10 Year Old

- ☐ Participant **FREE**

KOMEN VIP REGISTRATION - All Ages Welcome

Adult Shirt Sizes Only

Circle Choice: S M L XL 2XL 3XL

- | | |
|---|-------|
| <input type="checkbox"/> VIP Participant | \$100 |
| <input type="checkbox"/> TIMED VIP Participant | \$105 |

Registration includes: Adult Short Sleeve Race T-shirt, Race Bib, A Special VIP Parking Pass, (1) Admission to the Post Race Party PLUS A Special Komen VIP Long Sleeve T-Shirt to Commemorate The 2014 Komen Evansville Tri-State Race for the Cure®! *Come join in on the fun!*

ADDITIONAL REGISTRATION ITEMS

- ☐ I'd like my items mailed to me \$ 10
- ☐ I'd like to start Fundraising **NOW!**

\$5 \$10 \$25 \$50 \$100 OTHER \$

TOTAL \$_____

- ☐ I would like to be recognized as a _____ Breast Cancer Survivor (# of years)

I understand I will receive a complimentary Pink Hat, T-Shirt & Entry into Survivor Palooza for me and (1) guest.