2010 KOMEN SIOUXLAND RACE FOR THE CURE®
REGISTRATION

Register online at www.komensiouxland.org or mail the completed form along with payment to Siouxland Affiliate of Susan G. Komen; PO Box 1116; Sioux City, IA 51102

First Name (please print) Last Name

Street Address City State Zip

Home Phone Email

MM /DD/ YY M / F YS / YM/ YL / S / M / L / XL / XXL

Date of Birth Age (on Race Day) Sex T-shirt Size

BREAST CANCER SURVIVOR

☐ Would you like to be recognized as a Breast Cancer survivor by receiving a complimentary pink cap and T-shirt?

REGISTRATION TYPE		AMOUNT
☐ Survivor	FREE	_____
☐ 5K or 1 Mile Fun Run/Walk	$25	_____
☐ 5K Competitive Chip Race	$30	_____
☐ Kids for the Cure®	$10	_____
☐ Sleep In for the Cure® (mailing included)	$35	_____
☐ Proud in the Pew® (mailing included)	$35	_____
☐ Shirt & Bib mailing (deadline May 1)	$10	_____
	ADDITIONAL DONATIONS:	_____
	TOTAL AMOUNT ENCLOSED:	_____

PAY BY CREDIT CARD

CREDIT CARD NUMBER EXP. DATE V-CODE AUTHORIZED SIGNATURE

TEAM INFORMATION

I AM REGISTERING AS PART OF A TEAM

Team Name

Team Captain

*Team Registration Ends May 1, 2010

Make Checks Payable to Komen Siouxland Race for the Cure®

RACE RELEASE AND WAIVER (must sign to participate)

PHOTOGRAPHIC RELEASE

By accepting this race bib and participating in this event (the "Event"), I give my full consent and permission to Susan G. Komen for the Cure, its local affiliates and races (as defined below), their sponsors and corporate sponsors, their successors, licensees, and assigns the irrevocable right to use, for any purpose whatsoever and without compensation, any photographs, videotapes, audiotapes, or other recordings of me that are made during the course of the Event.

WAIVER AND RELEASE OF CLAIMS

I understand that by accepting this race bib and participating in this Event, I give my consent to these provisions in consideration for being permitted to participate in this Event. I further understand that I may be removed from this competition if I do not follow all the rules of this Event. I am a voluntary participant in this Event, and in good physical condition. 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 OR WHILE ON THE PREMISES OF THIS EVENT. I, FOR MYSELF, MY NEXT OF KIN, MY MINOR CHILDREN THAT ATTEND THE EVENT, MY HEIRS, ADMINISTRATORS, AND EXECUTORS, HEREBY RELEASE AND HOLD HARMLESS AND COVENANT NOT TO FILE SUIT AGAINST THE SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC. D/B/A SUSAN G. KOMEN FOR THE CURE, THE SIOUXLAND AFFILIATE OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION D/B/A THE SIOUXLAND AFFILIATE OF SUSAN G. KOMEN FOR THE CURE, THEIR AFFILIATES AND ANY AFFILIATED INDIVIDUALS, ANY EVENT SPONSORS AND THEIR AGENTS AND EMPLOYEES, AND 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 IN THIS EVENT OR WHILE ON THE PREMISES OF THIS EVENT. THIS RELEASE APPLIES TO ANY AND ALL LOSS, LIABILITY, OR CLAIMS I MAY HAVE ARISING OUT OF MY PARTICIPATION IN THIS EVENT, 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 PREMISES OF THE EVENT, NEGLIGENCE OF THE RELEASEES, RISKS NOT KNOWN TO ME OR NOT REASONABLY FORESEEABLE AT THIS TIME, OR OTHERWISE.

This Photographic 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.

I understand that I have given up substantial rights by accepting this race bib and participating in this Event, and have participated freely and voluntarily without any inducement, assurance or guarantee being made to me and intend my acceptance of this race bib and my participation in this Event to be a complete and unconditional release of liability to the greatest extent allowed by law.

Participant's Name SIGNATURE Parent's or Guardian's Signature if under age 18 Date