

# 2010 RACE FOR THE CURE

## 1. TYPE OF ENTRY

Would you like to be recognized as a breast cancer survivor by receiving a complimentary pink cap and T-shirt?  
 No  Yes; Survivor for \_\_\_ years

Individual

Team

Team Name \_\_\_\_\_

Captain's Name \_\_\_\_\_

Captain's Phone Number \_\_\_\_\_

Captain's E-mail \_\_\_\_\_

## 2. ENTRY CATEGORIES

Check one. Fees non-refundable.

	Early	Race Day
<input type="checkbox"/> 1-mile Fun Run or 5K (Adult)	\$30	\$35
<input type="checkbox"/> Competitive 5K (Adult)	\$35	\$40
<input type="checkbox"/> 1-mile Fun Run or 5K (12 and under)	\$15	\$20
<input type="checkbox"/> Competitive 5K (12 and under)	\$20	\$25
<input type="checkbox"/> Packet Mailing Fee Not needed for In the Pink® registration. Free packet mailing with online registration.	\$ 5	-----

## SPECIAL REGISTRATIONS

Sleep in for the Cure® .....\$30

Support the fight against breast cancer even if you cannot participate in the Race. Sleep in for the Cure® participants receive a Race packet and T-shirt.

In the Pink® VIP Package.....\$100

Race registration + \$70 tax-deductible donation to support the fight against breast cancer and receive a gift. The first 200 In the Pink® participants will also receive a VIP parking space on Race Day.

## ADDITIONAL DONATION

Included is a tax-deductible donation..... \$10

Included is a tax-deductible donation.....\$\_\_\_\_\_

**3. TOTAL \$\_\_\_\_\_**

**Online registration deadline:** Sunday, April 18, midnight

**Mail-in registration deadline:** Postmarked by Wed., April 14

Entries without the \$5 mailing fee can be picked up during regular business hours April 16 - 23 at Luke's Locker

[2600 W. 7th, Ste. 107, Fort Worth, Texas 76107].

Bib # \_\_\_\_\_ (FOR OFFICE USE ONLY)

FREE, FAST Race packet mailing with online registration @ [www.komentarrant.org](http://www.komentarrant.org)

Online registration must be completed by Sunday, April 18, midnight. For mail-in registration, mail to: Race for the Cure®, P.O. Box 101328, Fort Worth, Texas 76185 and include \$5 if you want your packet mailed to you.

Saturday,  
**APRIL**  
Sundance Square  
Fort Worth, Texas

**24**  
2010

susan g.  
**komen**  
FOR THE  
**cure** TARRANT  
COUNTY

## 4. REGISTRATION DETAILS

\_\_\_\_\_

First Name

Last Name

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

City

State

Zip Code

\_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_M\_\_\_\_M\_\_\_\_/\_\_\_\_D\_\_\_\_D\_\_\_\_/\_\_\_\_Y\_\_\_\_Y\_\_\_\_

\_\_\_\_

Female Male

Day Phone

Date of Birth

Age

Gender

T-shirt size  S  M  L  XL  2XL  3XL

S  M  L

Adult

6-8 10-12 14-16

Youth

E-mail \_\_\_\_\_

<p><b>McDonald's H.S. Challenge</b></p> <p>I attend:</p> <p>_____</p> <p>Name of High School</p>
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## 5. RACE WAIVER AND RELEASE (Participant must sign in order to be eligible to participate in Race):

**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 TARRANT COUNTY AFFILIATE OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION D/B/A THE TARRANT COUNTY 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.

**X** \_\_\_\_\_ Date  
Signature (Parent's or Guardian's Signature if under age 18)

## 6. PAYMENT (check one)

Cash  Visa  Mastercard  Check # \_\_\_\_\_ Make your check payable to: **Komen Tarrant County Race for the Cure**

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Cardholder Signature \_\_\_\_\_