

2010 KOMEN NORTH CENTRAL ALABAMA RACE FOR THE CURE

OCTOBER 9, 2010 | LINN PARK | BIRMINGHAM, AL

Race Hotline **205.907.2725**

Register online at **www.komenNCAlabama.org**

BEFORE GETTING STARTED...

- For fast and secure processing, you may register online at **www.komenNCAlabama.org** or fill out the following:
- Please print clearly and complete all sections.
- **One person per registration form.**
- Register at Brookwood Village - October 4-8
- Online registration through October 6.

REQUIRED CONTACT INFORMATION

First: _____ MI: _____ Last: _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ - _____

Cell Phone: (_____) _____ - _____

Date of Birth: _____ Gender: F M

T-shirt size (Circle One): Adult: S M L XL 2XL 3XL

Youth: S (6-8) MED (10-12) LG (14-16)

TYPE OF ENTRY

- Individual
- Team (must consist of 10 or more & EVERYONE must be registered by Monday, Sept. 27 to be on team.

Team Name: _____

Captain's Name: _____

Cell Phone number: _____

BREAST CANCER SURVIVOR?

- Yes, I would like to be recognized.

RACE PACKET PICK-UP INFORMATION

Team Captains and Individuals NOT on a TEAM may pick up their packets at:
Brookwood Village
Monday, October 4 through Friday, October 8
From 10:00 a.m. to 6 p.m. Daily

PAYMENT (PRICES INCREASE \$10 ON RACE DAY)

- Breast Cancer Survivor \$ 30.00
- Adult 5K or 1 Mile Walk/Run (15 & up) \$ 30.00
- Child 5K or 1 Mile Walk/Run (14 & under) \$ 15.00
- Sleep In For the Cure \$ 30.00
- Sleep In For the Cure - Survivor \$ 30.00
- I would like to make a tax deductible donation in addition to my entry fee. \$ _____

TOTAL AMOUNT ENCLOSED \$ _____

METHOD OF PAYMENT:

- Enclosed check made payable to:

Komen North Central Alabama Race for the Cure
Mail complete entry form, entry fees and donations to:
Komen North Central Alabama Race for the Cure
1100 Ireland Way, Suite 203
Birmingham, AL 35205

- Credit/Debit Card (Please provide additional information below)
Visa/MC/AMEX Account Number: _____

Exp. Date: ____/____/____

Verification Code: _____ (3 or 4 digit code printed on card)

Name of Cardholder: _____

Billing Address: _____

Cardholder Signature: _____

PLEASE READ & SIGN BELOW - ONLY SIGNED ENTRY FORMS WILL BE ACCEPTED

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 NORTH CENTRAL ALABAMA AFFILIATE OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION D/B/A THE NORTH CENTRAL ALABAMA 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.

PHOTOGRAPHIC AND RESULTS 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. 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 _____ Date _____

Participant's Signature (or Parent/Guardian, if under 18) _____