RACE ENTRY FORM

RACE NUMBER ☐☐☐☐☐

Register online at Race.KomenPhiladelphia.org or complete the form below.

LAST NAME (ONE PERSON PER FORM) **FIRST NAME** **MI**

ADDRESS **APT. #**

CITY **STATE** **ZIP**

PHONE

☐ **CELL**
☐ **DAY**
☐ **EVENING**

T-SHIRT SIZE
Size not guaranteed

☐ **YOUTH 14-16**
☐ **ADULT MED**
☐ **ADULT XL**

E-MAIL ADDRESS ☐ **CHECK HERE IF YOU DO NOT WANT TO RECEIVE E-MAIL CORRESPONDENCE**

E-mail address is required to provide a personal fundraising page and essential Race information. E-mail preference can be updated at any time.

TEAM NAME

☐ **I AM A BREAST CANCER SURVIVOR OF _____ YEARS.**

Would you like to be recognized as a breast cancer survivor by receiving a complimentary pink cap and t-shirt?

☐ **YES**
☐ **NO**

AGE

GENDER

☐ **M**
☐ **F**

EVENT

☐ 5K Run
60 minutes or less

☐ 5K Walk
Longer than 60 minutes

☐ Yellow 1-Mile
Fun Walk

RACE WAIVER AND RELEASE

(Participant must sign in order to be eligible to participate in Race):

PHOTOGRAPHIC RELEASE

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 this event (the "Event").

WAIVER AND RELEASE OF CLAIMS

I understand that my consent to these provisions is given 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 PHILADELPHIA AFFILIATE OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION D/B/A THE PHILADELPHIA 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 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.

SIGNATURE **DATE**

PARENT'S OR GUARDIAN'S SIGNATURE (IF UNDER AGE 18)

Prizes with fair value over $500.00 must be reported to the Internal Revenue Service. A certificate will be awarded stating that you won the prize and the prize will be provided after verification of your Social Security number, as required by the IRS.

SIGNATURE REQUIRED

FEES

ADULTS: Mailed by 3/31: $30 • Mailed 4/1-4/9 & in-person: $35
Race Day: $40 • KIDS (12 & under): $15

MAKE CHECKS PAYABLE AND SEND TO:
PHILADELPHIA AFFILIATE OF SGK, C/O THE BANCORP BANK
409 SILVERSIDE ROAD, SUITE 105, WILMINGTON, DE 19809

ONLY ONE PERSON PER FORM DESCRIPTION	COST	TOTAL
Kids 12 & under First 1,800 entries receive Youth t-shirt	**$15**	
Adult Entry Fee (Circle one)	**$30 $35 $40**	
ChronoTrack™ D-Tag™ scoring (required for 5K awards. Optional all others)	**$3**	
Postage for one (1) number and t-shirt Must be postmarked by 4/09/10	**$8.75**	
20th Anniversary suggested donation	**$20**	
Car raffle – $5 per ticket	QUANTITY	
Car raffle – $25 for 6	QUANTITY	
SEPTA Independence Pass $10	QUANTITY	
SEPTA Family Pass $25	QUANTITY	
Park 'N Ride pass — $7 per car	QUANTITY	
Fundraising amt. enclosed (complete & enclose fundraising form for proper credit)		
TOTAL ENCLOSED		$