



Komen Charlotte Race for the Cure
 Saturday, October 7, 2017
 Uptown Charlotte, S. Tryon St.

PLEASE PRINT CLEARLY IN
BLUE OR BLACK INK

ONE ENTRY FORM PER PERSON

First Name:

Last Name:

Team Name:

Street Address:

City:

State:

Zip Code:

Email:

Phone:

Date of Birth:

Gender:

F M BIB# (Official Use Only)

Are you the Team Captain? Yes No

T-SHIRT SIZE (Please select one)

Youth Medium Youth Large
 Adult Small Adult Medium
 Adult Large Adult XL
 Adult 2XL Adult 3XL

Participation Type (select one)	Thru Aug. 31	Thru Oct. 6	Race Day	Enclosed
<input type="checkbox"/> Adult	\$25	\$35	\$40	
<input type="checkbox"/> Breast Cancer Survivor	\$25	\$35	\$40	
<input type="checkbox"/> Virtual Participant	\$30	\$40	N/A	
<input type="checkbox"/> Youth (3-12)	\$10	\$15	\$20	
Have your Race t-shirt mailed to you for an additional \$3. (Please include this amount with your registration payment).				
\$5 Timing Chip (Runners only who want to be timed. For 5K event only)				
Tax-deductible Donation				
Enter your company code: (If applicable)				
TOTAL PAYMENT ENLCOSED				

PHOTOGRAPHIC AND RESULTS RELEASE and WAIVER AND RELEASE OF CLAIMS

Photographic and Results Release: I give my full consent and permission to The Susan G. Komen Breast Cancer Foundation, 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 or my minor children that are made during the course of this event (the "Event"); and (ii) the results of my or my minor children's participation in this event (e.g. race time, name, participant number).

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 of the rules of this Event. I am a voluntary participant at 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 OR WHILE ON THE EVENT PREMISES. TO THE FULLEST EXTENT OF THE LAW, I, FOR MYSELF, MY NEXT OF KIN, MY HEIRS, ADMINISTRATORS, AND EXECUTORS, HEREBY RELEASE AND HOLD HARMLESS AND COVENANT NOT TO FILE SUIT AGAINST KOMEN, Susan G. Komen for the Cure Charlotte D/B/A Susan G. Komen for the Cure Charlotte, 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 OR MY MINOR CHILDREN ATTENDING THE EVENT MIGHT SUFFER IN CONNECTION WITH MY OR THEIR PARTICIPATION IN THIS EVENT OR WHILE ON THE EVENT PREMISES. THIS RELEASE APPLIES TO ANY AND ALL LOSS, LIABILITY, OR CLAIMS I, MY NEXT OF KIN, HEIRS, ADMINISTRATORS AND EXECUTORS MAY HAVE ARISING OUT OF MY OR MY MINOR CHILDREN'S PARTICIPATION IN THIS EVENT OR WHILE ON THE EVENT PREMISES, 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.

This Photographic and Results Release and Waiver and Release of Claims (collectively, the "Release") shall be constructed 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 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.

Make checks payable to Susan G. Komen Charlotte.
 Send completed form and payment to Susan G. Komen
 Charlotte, 2316 Randolph Rd. Charlotte, NC 28207.
FORM MUST BE RECEIVED BY SEPTEMBER 15, 2017

INCOMPLETE AND/OR UNSIGNED ENTIRES WILL NOT BE ACCEPTED

SIGNATURE (Parent or Guardian if under age 18) Date