



# 2020 Registration Form

SATURDAY OCTOBER 3, 2020

RACE WHERE YOU ARE!

www.komencharlotte.org

Postmark this form by Friday, September 13.

### BEFORE GETTING STARTED...

- You can register online at [www.komencharlotte.org](http://www.komencharlotte.org). It's fast and easy with our new system!
- Please print clearly and complete ALL sections. ONE person per registration form.

### PARTICIPANT INFORMATION (Please print clearly):

Full Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Gender:  Female  Male Date of Birth: \_\_\_\_\_

Are you a breast cancer survivor? YES \_\_\_\_\_ NO \_\_\_\_\_ Are you a MBC Thriver? YES \_\_\_\_\_ NO \_\_\_\_\_

### TEAM AFFILIATION (Please select one):

- Register as an individual (not on a team)
- Join a Team! Team Name: \_\_\_\_\_ Team Captain's Name: \_\_\_\_\_
- Start a Team! Your Team's Name: \_\_\_\_\_ Team Fundraising Goal: \$ \_\_\_\_\_

(Be BOLD! Encourage your team to fundraise and make a direct impact in the fight against breast cancer. We suggest a goal of \$250 per team member.)

### REGISTRATION TYPE (select one):

<input type="radio"/> Adult (ages 13 and up)	\$35
<input type="radio"/> Survivor Living with Metastatic Breast Cancer	\$35
<input type="radio"/> Youth (12 and under <u>only</u> )	\$15
<input type="radio"/>	

(Please note all registrations are for untimed registrations only. We do not have a chipped timing option available this year.)

Registration Amount: \$ \_\_\_\_\_

Company or Sponsor Discount Code: \$ \_\_\_\_\_

Additional Tax-Deductible Gift Amount: \$ \_\_\_\_\_  
Thank you!

TOTAL PAYMENT: \$ \_\_\_\_\_

### Select Your T-shirt Size:

Adult Sizes: S M L XL 2XL 3XL

Youth Sizes: YM YL

### Fundraising Goal:

How much will you raise to end breast cancer? \$ \_\_\_\_\_

### PAYMENT:

Make your check payable to "Susan G. Komen Charlotte" and submit your total payment with this registration form. Only Additional Gifts will be applied to your fundraising goal.

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NOTE: YOUR REGISTRATION FEE AND ANY SELF DONATIONS ARE NON-REFUNDABLE AND NON-TRANSFERABLE.

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Send completed form, entry fees and donations to:  
 Susan G. Komen Charlotte  
 P.O. Box 1520  
 Huntersville, NC 28070-1520

Call the Komen Charlotte office at (704) 347-8181 with any questions.

Thank you for your support of Komen Charlotte!

## PLEASE READ AND SIGN WAIVER

### 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, Komen Charlotte, 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, THE CHARLOTTE AFFILIATE OF SUSAN G KOMEN FOUNDATION, D/B/A SUSAN G KOMEN 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 interpreted under the laws of the state in which the Event is held. In the event any portion of this Release is deemed invalid or unenforceable by any court of competent jurisdiction or by operation of law, the invalid or unenforceable portion(s) may be modified by the court to render it enforceable, or such portion(s) may be stricken by the court as if never a part of the Release, and the invalidity or unenforceability of such portion(s) shall in no way render invalid or unenforceable any other part or provision. By my signature below, I freely and voluntarily enter into this Release, without inducement or guarantee by the Releasees, and with the understanding that I completely and unconditionally waive and release the Releasees of all Claims and liability, as stated above, to the greatest extent allowed by law.

WAIVER and RELEASE: I acknowledge that I have read and understand the Release stated above, and I agree to its terms.

Participant's Name \_\_\_\_\_

Signature \_\_\_\_\_

Parent/Guardian's Signature if under 18 years of age \_\_\_\_\_

Date \_\_\_\_\_

(For internal use only)		
Payment Type _____	Registration Complete _____	Initials _____