



NC TRIANGLE RACE FOR THE CURE® ENTRY FORM

REGISTER ONLINE AND SAVE!

www.komennctriangle.org

Meredith College ■ June 12, 2010

ARE YOU REGISTERING FOR A TEAM? YES NO

IF YES,
TEAM NAME:

If registering as part of a Team, complete and sign this form and return it to your Team Captain. For more information on registering as a team, go to www.komennctriangle.org.

ONE FORM PER PERSON (please print clearly in blue or black ink)

LAST NAME															FIRST NAME														
STREET ADDRESS																									APARTMENT NUMBER				
CITY															STATE					ZIP CODE									
PHONE										E-MAIL ADDRESS																			
DATE OF BIRTH (MONTH/DATE/YEAR)					SEX: <input type="checkbox"/> Female <input type="checkbox"/> Male					<input type="checkbox"/> I would like to be recognized as a breast cancer survivor by receiving a complimentary pink cap and T-shirt.					Number of years since diagnosis:					<input type="checkbox"/> Wheelchair Participant									

PHOTOGRAPHIC AND RESULTS RELEASE I give my full consent and permission to The Susan G. Komen Breast Cancer Foundation, Inc. d/b/a Susan G. Komen for the Cure ("Komen"), its local affiliates and races, their 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 the rules of this Event. I am a voluntary participant in 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 NC TRIANGLE D/B/A KOMEN NC TRIANGLE, 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, ADMISTRATORS 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 construed 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 other provisions of this Release shall remain in full force and effect.

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.

INCOMPLETE AND/OR UNSIGNED ENTRIES WILL NOT BE ACCEPTED.

SIGNATURE DATE

SIGNATURE (Parent or Guardian if under age 18) DATE

This event will occur rain or shine. We reserve the right to cancel in extreme circumstances. In that event, there will be no refunds; rather, your entry fee will be used as a donation to the Komen NC Triangle Race for the Cure®.

INDIVIDUAL REGISTRANTS, SEND COMPLETED FORM TO:

Komen NC Triangle Race for the Cure®
c/o Hermes Sports & Events
1624 St. Clair Avenue
Cleveland, OH 44114

FOR MORE INFORMATION, EMAIL:
registration@komennctriangle.org

T-SHIRT SIZE: Youth S Youth M S M L XL XXL
T-shirts are guaranteed only for the first 23,000 registrants.
We cannot guarantee size availability.

		ENTRY FEE	Paper Registration	Race Day	Amount
CHECK YOUR EVENT	<input type="checkbox"/> Competitive 5K				
	<input type="checkbox"/> Adult		\$35	NA	
	<input type="checkbox"/> Youth (6-15)		\$25	NA	
	<input type="checkbox"/> Recreational Walk/Run <i>Includes Women's, Co-ed & One Mile</i>				
	<input type="checkbox"/> Adult		\$30	\$35	
<input type="checkbox"/> Youth (6-15)		\$20	\$25		
<input type="checkbox"/> Child Recreational Walk/ Run & KidZone (5 & under) <i>Includes Co-ed, One Mile & Kids Dash for the Cure</i>			FREE	FREE	
<input type="checkbox"/> Sleep-In for the Cure®		\$30	\$35	\$35	
<input type="checkbox"/> Sleep-In for the Cure® with T-shirt mailing option		\$35		NA	
Additional Tax-deductible Donation					
GRAND TOTAL					

OFFICIAL USE ONLY:

D L

Cashier

BIB # (official use only)

MAKE CHECKS PAYABLE TO Komen NC Triangle Race for the Cure®

TEAM MEMBERS: This form must be given to your captain by May 21st.