



# NC TRIANGLE RACE FOR THE CURE® ENTRY FORM

REGISTER ONLINE AND SAVE!

[www.komennctriangle.org](http://www.komennctriangle.org)

*Meredith College* June 14, 2008

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](http://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									

**RACE WAIVER AND RELEASE (Participant must sign in order to be eligible to participate in Race):**  
 I understand that my consent to these provisions is given in consideration of the acceptance of this registration and for being permitted to participate in the 2008 Komen NC Triangle Race for the Cure on June 14, 2008. 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 assume full and complete responsibility for any injury or accident which may occur during my participation in this event or while on the premises of this event, and I hereby release and hold harmless and covenant not to file suit against The Susan G. Komen Breast Cancer Foundation, Inc., DBA SUSAN G. KOMEN FOR THE CURE, its local Affiliates and any affiliated individuals, the Komen NC Triangle Race for the Cure and any affiliated individuals, any Race sponsors and their agents and employees, and all other persons or entities associated with this event (the "Releasees") from any loss, liability or claims I may have arising out of my participation in this event, including personal injury or damage suffered by me or others, whether same be caused by falls, contact with participants, conditions of the course, negligence of the Releasees or otherwise. If I do not follow all the rules of this event, I understand that I may be removed from the competition. I give my full permission to Komen and its local Affiliates and Races and their sponsors and corporate sponsors to use any photographs, videotapes, audiotapes or other recordings of me that are made during the course of this event. I understand that this Waiver and Release may be stored electronically and agree that a copy is authentic and admissible as evidence in any future dispute or proceeding.

**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").

**DRUG TESTING:** Participants in this competition may be subject to formal drug testing in accordance with USA T&F rules and IAAF Rule 14.4. Participants who refuse to be tested or who test positive for banned substances will be disqualified from this event and will be ineligible for future competitions.

**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®.

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

**TEAM MEMBERS:** Give this form to your Captain

**INDIVIDUAL REGISTRANTS, SEND COMPLETED FORM TO:**

Komen NC Triangle Race for the Cure®  
 PO Box 63102  
 Charlotte, NC 28263-3102

**T-SHIRT SIZE:**  Youth M  S  M  L  XL  XXL  
 T-shirts are guaranteed only for the first 22,000 registrants.

**SAVE \$5 BY REGISTERING ONLINE!** [www.komennctriangle.org](http://www.komennctriangle.org)

ENTRY FEE		Paper Registration	Race Day	Amount
<b>CHECK YOUR EVENT</b>	<input type="checkbox"/> Competitive 5K			
	<input type="checkbox"/> Adult	\$35	NA	
	<input type="checkbox"/> Youth (15 and under)	\$25	NA	
	<input type="checkbox"/> Women's Recreational 5K			
	<input type="checkbox"/> Adult	\$30	\$35	
	<input type="checkbox"/> Youth (15 and under)	\$20	\$25	
	<input type="checkbox"/> Open Recreational 5K			
	<input type="checkbox"/> Adult	\$30	\$35	
	<input type="checkbox"/> Youth (15 and under)	\$20	\$25	
	<input type="checkbox"/> One-Mile Fun Run			
	<input type="checkbox"/> Adult	\$30	\$35	
	<input type="checkbox"/> Youth (15 and under)	\$20	\$25	
<input type="checkbox"/> Sleep-In for the Cure®	\$30	\$35		
<input type="checkbox"/> Sleep-In for the Cure® with T-shirt mailing option	\$35	NA		
Additional Tax-deductible Donation				
<b>GRAND TOTAL</b>				

**OFFICIAL USE ONLY:**

D O		
Cashier	BIB # (official use only)	