



Register online at: www.komeneasternwashington.org

Mail race entries to:
Komen Eastern WA Race for the Cure®
1315 N Napa, Suite 3
Spokane, WA 99202

KOMEN EASTERN WASHINGTON RACE FOR THE CURE® Sunday, April 22, 2012 at 9 a.m. INDIVIDUAL REGISTRATION FORM

One registration form per person. Photocopied entry forms are acceptable but the form must not be altered in any way.
Please print neatly using blue or black ink.

Personal Information

Full name _____
last first middle initial

Address _____
street

city state zip

Date of birth _____ Age as of 4/22/2012 _____ Gender: Male Female
(mm/dd/yyyy)

Daytime phone (_____) _____

Evening phone (_____) _____

Email _____

Team & team captain name *(if applicable)* _____

Bloomsday Second Seed Qualifier!
For new procedures please go to:
www.BloomsdayRun.org/SecondSeeding.htm

Forming a team?
Register online: www.komeneasternwashington.org

Registration Details

	Early	Late <i>(after 4/16/12)</i>
1 Mile Walk Adult (ages 13+)	<input type="radio"/> \$25	<input type="radio"/> \$35
1 Mile Walk Youth (12 & under)	<input type="radio"/> \$15	<input type="radio"/> \$25
5K Adult	<input type="radio"/> \$25	<input type="radio"/> \$35
5K Youth	<input type="radio"/> \$15	<input type="radio"/> \$25
5K Adult + Timing Chip	<input type="radio"/> \$35	<input type="radio"/> \$45
5K Youth + Timing Chip	<input type="radio"/> \$25	<input type="radio"/> \$35
Sleep-In For the Cure®	<input type="radio"/> \$35	<input type="radio"/> \$35
Strolling For the Cure™ (Kids in strollers; t-shirts included)		
<input type="radio"/> \$5/child in a stroller; # of children in stroller _____ x \$5=\$_____		
Pink in the Pew (Attending church on race day)	<input type="radio"/> \$35	<input type="radio"/> \$35
Honor a Loved One Sign	<input type="radio"/> \$15	<input type="radio"/> \$15
Additional Donation \$ _____		
Total Amount Enclosed \$ _____		

Entry fees are non-refundable.

Payment Method (do not send cash)

- Check payable to Komen Eastern Washington Race for the Cure®
- Visa MasterCard

Card number _____

Exp. date ____/____/____

Signature _____

T-Shirt Size (as available)

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

Note: T-shirts will not be mailed. In the event T-shirts are unavailable, they can be picked up at the affiliate office.

YES! I would like to be recognized as a breast cancer survivor by receiving a complimentary pink cap and T-shirt.

Photographic and Results Release and Waiver and Release of Claims

I AGREE THAT ANY AND ALL REPRESENTATIONS MADE AND RELEASES, WAIVERS, COVENANTS, CONSENTS AND PERMISSIONS GIVEN BY ME HEREUNDER ARE GIVEN ON BEHALF OF ME AND ANY AND ALL OF MY MINOR CHILDREN OR PERSONS OVER WHOM I HAVE GUARDIANSHIP PARTICIPATING IN OR ATTENDING THE EVENT.

I give my consent and permission to The Susan G. Komen Breast Cancer Foundation, Inc. d/b/a Susan G. Komen for the Cure ("Komen"), its 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 that are made during the course of this event (the "Event"); and (ii) the results of my participation in this Event (e.g. race time, name, participant number).

I understand that (i) my consent to these provisions is given in consideration for being permitted to participate in this Event; (ii) that I may be removed from this competition if I do not follow all the rules of this Event; and (iii) 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 (INCLUDING, BUT NOT LIMITED TO, MY FUNDRAISING ACTIVITIES associated with the event) OR WHILE ON THE EVENT PREMISES (COLLECTIVELY, "MY PARTICIPATION"), TO THE FULLEST EXTENT OF THE LAW, I, FOR MYSELF, MY NEXT OF KIN, MY HEIRS, ADMINISTRATORS, AND EXECUTORS (COLLECTIVELY, "RELEASEES"), HEREBY RELEASE AND HOLD HARMLESS AND COVENANT NOT TO FILE SUIT AGAINST (I) KOMEN AND ITS AFFILIATES AND THEIR RESPECTIVE DIRECTORS, OFFICERS, VOLUNTEERS, AGENTS AND EMPLOYEES; (II) ANY EVENT SPONSORS; AND (III) 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. THIS RELEASE APPLIES TO ANY AND ALL LOSSES, LIABILITIES, OR CLAIMS I OR MY RELEASEES MAY HAVE ARISING OUT OF MY PARTICIPATION, INCLUDING BUT NOT LIMITED TO, PERSONAL INJURY OR DAMAGE SUFFERED BY ME OR OTHERS, WHETHER SUCH LOSS, LIABILITY, 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. I understand that I am solely responsible and liable for all aspects of MY fundraising activities associated with my participation, including, but not limited to, the safe and lawful conduct of any fundraising activities.

This Photographic and Results Release and Waiver and Release of Claims (collectively, the "Release") shall be construed under the laws of the state of Washington. 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.

Participant's name _____
please print

Date _____

Participant's signature _____
(or Parent/Guardian, if under 18)

A Special Thanks to all of our 2012 Race Sponsors!