Race Entry Form

2009 Komen Portland Race for the Cure®

For a $5.00 discount, register online at www.komenoregon.org

Mail-in Registration Deadline: Received by Aug 31, 2009

Mail registration & payment to:
Komen Portland Race for the Cure®
P.O. Box 65850
Vancouver, WA 98665-0029

PARTICIPANT NUMBER (OFFICIAL USE ONLY)

TEAM (10 OR MORE)

TEAM REGISTRATION FORMS MUST BE RECEIVED BY AUG 31, 2009

Team Name: _____

Team Captain: _____

Captain's Phone: _____

ONE ENTRY PER FORM: Photocopies acceptable. Incomplete or unsigned entries will not be accepted.

Last Name | First Name

Street Address | Apt No.

City | State | Zip

Day Phone – – | Sex | Age | Date of Birth

Email Address

☐ **Breast Cancer Survivors:** Would you like to be recognized as a breast cancer survivor by receiving a complimentary pink cap and t-shirt?

☐ Sign me up for Champions for the Cure — Join us in our promise of a world without breast cancer by allowing us to provide your email address to the Champions for the Cure program. You will receive timely emails about how you can help and learn more about Komen's national public policy priorities and positions on local breast cancer legislation.

FEES:

- ☐ **$35 Adult Chip-Timed**
- ☐ **$30 Adult**
- ☐ **$35 Adult** day of Race
- ☐ **$10 Kids 6-12 years** (Youth T-shirt, quantities limited)
- ☐ **FREE Kids 5 & under** (Youth T-shirt, quantities limited)

\+ **Donation**

= **Total Enclosed**

EVENT:

- ☐ 5K Competitive Chip-Timed
- ☐ Co-ed 5K Run - untimed
- ☐ Women's 5K Run - untimed
- ☐ 5K Walk
- ☐ 1-Mile Walk
- ☐ Sleep In for the Cure® (T-shirt and Race pin mailed)

T-SHIRT SIZES: (Check one box only)

Adult

- ☐ Adult Small
- ☐ Adult Medium
- ☐ Adult Large
- ☐ Adult X-Large
- ☐ Adult XX-Large
- ☐ Adult XXX-Large

Youth (12 years & under)

- ☐ Youth Small
- ☐ Youth Medium
- ☐ Youth Large

Si Usted está interesado en solicitar una copia en español de la **EXENCIÓN DE RESPONSABILIDAD DE LA CARRERA** una copia está disponible. **PHOTOGRAPHIC RELEASE:** By accepting this race bib and participating in this event (the "Event"), 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 the Event. **WAIVER AND RELEASE OF CLAIMS:** I understand that by accepting this race bib and participating in this Event, I give my consent to these provisions 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, and in good physical condition. 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 PREMISES OF THIS EVENT. I, FOR MYSELF, MY NEXT OF KIN, MY MINOR CHILDREN THAT ATTEND THE EVENT, MY HEIRS, ADMINISTRATORS, AND EXECUTORS, HEREBY RELEASE AND HOLD HARMLESS AND COVENANT NOT TO FILE SUIT AGAINST THE SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC. D/B/A SUSAN G. KOMEN FOR THE CURE, THE OREGON & SW WASHINGTON AFFILIATE OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION D/B/A THE OREGON & SW WASHINGTON AFFILIATE OF SUSAN G. KOMEN FOR THE CURE, 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 MIGHT SUFFER IN CONNECTION WITH MY PARTICIPATION IN THIS EVENT OR WHILE ON THE PREMISES OF THIS EVENT. THIS RELEASE APPLIES TO ANY AND ALL LOSS, LIABILITY, OR CLAIMS I MAY HAVE ARISING OUT OF MY PARTICIPATION IN THIS EVENT, 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 PREMISES OF THE EVENT, NEGLIGENCE OF THE RELEASEES, RISKS NOT KNOWN TO ME OR NOT REASONABLY FORESEEABLE AT THIS TIME, OR OTHERWISE. This Photographic 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. I understand that I have given up substantial rights by accepting this race bib and participating in this Event, and have participated freely and voluntarily without any inducement, assurance or guarantee being made to me and intend my acceptance of this race bib and my participation in this Event to be a complete and unconditional release of liability to the greatest extent allowed by law.

Signature of Participant (all ages) Date

Important for particpants under age 18: Signature of Parent or Legal Guardian Date

NO CONFIRMATION OF THIS REGISTRATION WILL BE SENT TO YOU.

Registration fees are non refundable, transferable, or tax deductible.

THANK YOU for registering for the Komen Portland Race for the Cure®!