

2020 More Than Pink Walk® | Walk Registration Form | August 23, 2020

One entry per form: Photocopies acceptable. Incomplete or unsigned entries will not be accepted.

First Name _____ Last Name _____

Street Address _____ Apt # _____

City _____ State _____ Zip _____

Phone _____ Sex _____ Age _____ Date of Birth _____

Email _____

Please tell us about yourself American Indian / Alaskan Native Asian African American Caucasian
 Multi-Racial Hispanic / Latino

Are you a survivor or living with metastatic breast cancer? Survivor Living with Metastatic Breast Cancer

- Participates must fundraise \$100 to get a 2020 More Than Pink Walk t-shirt.
- All survivors and forever fighters will automatically get a t-shirt

What is your shirt size? Adult: (S, M, L, XL, 2XL, or 3XL) _____ Youth: (S, M, L) _____

Participation Type (Circle option)	May 15– June 30	July 1–August 23
Adult (18 & older)	\$34	\$39
Breast Cancer Survivor/Forever Fighter (18 & older)	\$29	\$34
Youth (17 and under)	\$5	\$10

Are you on a team? If yes, team name: _____

Mail sign-up forms and payment to: Susan G. Komen Oregon and SW Washington, 1500 SW 1st Ave., Suite 270, Portland, OR 97201

PHOTOGRAPHIC RELEASE: I give my full consent and permission to Susan G. Komen®, its local affiliates and walk, 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., walk 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 Oregon and SW Washington Affiliate, 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 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. **Registration fee is not refundable, transferable, or tax deductible.**

Print Name _____ Signature _____ | Date _____

Print Name _____ Signature _____ | Date _____

(Parent/guardian must sign if under age 18)

Credit Card # _____ Exp. _____ Sec. Code _____ Total: _____

Name on cc _____ Charge: VISA Master Card American Express

Thank you for registering for the Susan G. Komen Oregon & SW Washington Portland More Than Pink Walk®

