

REGARDLESS OF AGE, ALL INDIVIDUALS ON THE RACE SITE MUST BE REGISTERED.

CONTACT INFORMATION ONE PERSON PER ENTRY FORM COPIES ARE ACCEPTABLE

FIRST NAME LAST NAME

ADDRESS/STREET

E-MAIL ADDRESS

CITY STATE ZIP

PHONE DATE OF BIRTH AGE FEMALE MALE

TEAM NAME IF ANY (TEAM MUST BE FORMED ONLINE IN ADVANCE.)

ADD \$5 TO HAVE YOUR KIT MAILED!

ADULT T-SHIRT SIZE

SMALL MEDIUM LARGE XLARGE 2XLARGE 3XLARGE

KIDS FOR THE CURE™ T-SHIRT SIZE

XS/2-4 S/6-8 M/10-12 L/14-16

BREAST CANCER SURVIVORS

Yes, I am a breast cancer survivor. Please send me a complimentary pin & t-shirt (included in registration fee).



MAIL FORM & FEES TO:

Susan G. Komen Memorial
Attn: Peoria Race
4700 N. University St., Suite 92
Peoria, IL 61614-5849

PLEASE READ & SIGN BELOW 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 ("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) 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, THE PEORIA MEMORIAL AFFILIATE OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC. D/B/A MEMORIAL AFFILIATE OF SUSAN G. KOMEN FOR THE CURE AND ALL OTHER KOMEN 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 LOSS, LIABILITY, 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 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.

EVENT & ENTRY FEE	Early Bird	After Apr. 24	Race Day
<input type="radio"/> Adult Walker <input type="radio"/> 1 Mile <input type="radio"/> 5K	\$30	\$35	\$40
<input type="radio"/> Adult 5K Timed Runner	\$33	\$38	\$43
Kids for the Cure® (12 & Under)			
<input type="radio"/> Child Walker <input type="radio"/> 1 Mile <input type="radio"/> 5K	\$20	\$25	\$30
<input type="radio"/> Child 5K Timed Runner	\$23	\$28	\$33
Spirit Walker - (From Home or Sideline)			
<input type="radio"/> Non-Walk/Runner	\$30	\$35	\$40

Enter Your Entry Fee Here: **A.** \$ _____

OPTIONAL ITEMS	
<input type="radio"/> In the Pink Gift	\$70 \$
<input type="radio"/> Dri-Fit Tek Short Sleeve	\$25 \$
<input type="radio"/> Suzy's Garden Tulip <i>Available at Packet Pickup Only!</i>	\$20 \$
<input type="radio"/> Please Mail My Packet <i>Available thru April 24th Only!</i>	\$ 5 \$

Total Optional Items **B.** \$ _____

TAX DEDUCTIBLE DONATION

Please Accept My Donation **C.** \$ _____

TOTAL AMOUNT A+B+C = \$ _____

FOR OFFICE USE ONLY

Cash Credit Check By:

Don't Forget To Sign!

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 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.

Print Participant's Name _____

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