PRESENTED LOCALLY BY

Wake Forest® Baptist Health

Allegacy

susan g. komen race FOR THE cure®

Presented by: Bank of America

NATIONAL SPONSORS

American Airlines · Ford · new balance · prnutrition · SELF · Walgreens

ONE FORM PER PERSON (please print clearly in blue or black ink)

For questions regarding the Race, please call 336-721-0037.

First Name

Last Name

Email Address

Address

City

State

Zip Code

Phone Number

Gender ☐ F ☐ M

Date of Birth (Month/Day/Year)

Are you registering for a team? ☐ YES ☐ NO

IF YES, TEAM NAME:

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) 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, "RELEASORS"), HEREBY RELEASE AND HOLD HARMLESS AND COVENANT NOT TO FILE SUIT AGAINST (I) KOMEN, THE NORTHWEST NC AFFILIATE OF THE SUSAN G. KOMEN FOUNDATION D/B/A THE NORTHWEST NC AFFILIATE OF SUSAN G. KOMEN 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 RELEASORS 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. 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.

Participant's Name _____ Signature _____

Parent's or Guardian's Signature _____ Date _____

PARTICIPATION TYPE	Amount	AMOUNT ENCLOSED
ADULT For individuals 18 and older who wish to participate in the family walk or certified 5K event.	$25	
BREAST CANCER SURVIVOR For individuals who wish to be recognized as a breast cancer survivor. On Race Day, we have special events and gifts to celebrate YOU!	$25	
YOUTH For youths who are 6-17 years old. You must be 18 years old to register. If you are under 18, please get a parent or guardian to sign you up!	$15	
CHILDREN UNDER 6 How many children under 6 years old are you bringing with you? (No shirt provided)	____	
VIRTUAL Can't make it on Race Day? This option is for individuals who are out of town, work weekends, or would simply prefer to hit the snooze button. Please note you must select the Packet Mailing add-on below if you want your Race packet mailed.	$25	
ADD-ONS		
PACKET MAILING	$10	
TIMING CHIP For runners who wish to be timed.	$10	
SUSAN'S GARDEN Tulips are $10 each. Purchase either decorated or undecorated (decorate your own) pink/white tulips to pay tribute to a survivor or caregiver. Tulips can be picked up from our office, packet pick-up or on Race Day. Someone will contact you with the details.	$10	
DONATION	$_____	
	TOTAL	

T-SHIRT SIZE: ☐ Youth M ☐ S ☐ M ☐ L ☐ XL ☐ XXL ☐ XXXL

Make checks payable to:
Susan G. Komen Northwest NC

EMERGENCY CONTACT INFORMATION (REQUIRED)

Emergency Contact Name: _____

Emergency Contact Phone: _____

Relationship to You: _____

Method of Payment

☐ Check # _____ ☐ Cash (Please, enclose in an envelope)

☐ Credit Card (Visa/MC) Card #_____

3 Digit CVV number (on the back of card) _____

Cardholder Name: _____ Exp._____

_____

Signature

susan g. komen race FOR THE cure® NORTHWEST NC

Downtown Winston-Salem
Saturday, May 6, 2017
9:30 AM - Race Starts

NOTE: IF ENCLOSING A CHECK, PLEASE PUT THIS FORM & CHECK IN AN ENVELOPE.

Please mail to:
Susan G. Komen Northwest NC Race for the Cure
1106 Burke Street
Winston-Salem, NC 27101