

# 9<sup>th</sup> Annual Komen Brainerd Lakes Race for the Cure® July 5, 2008

**ENTRY FORM PLEASE PRINT – 1 FORM PER PERSON – COPIES ARE OK**

|                                      |                  |                 |
|--------------------------------------|------------------|-----------------|
| LAST NAME                            | FIRST NAME       | MI              |
|                                      |                  |                 |
| STREET ADDRESS                       |                  |                 |
|                                      |                  |                 |
| CITY                                 | ST/Prov          | ZIP/Postal Code |
|                                      |                  |                 |
| COUNTY OF RESIDENCE (MINNESOTA ONLY) | EMAIL (optional) |                 |
|                                      |                  |                 |
| DAY PHONE                            | EVENING PHONE    |                 |
|                                      |                  |                 |

|                    |
|--------------------|
| <b>Office Use:</b> |
| Bib #              |
| Batch:             |
| Date Rec'vd:       |
| Check #:           |
| Entry fee:         |
| Donation:          |
| Total:             |

**EVERYONE MUST SIGN BELOW:**

**PHOTOGRAPHIC RELEASE**

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 this event (the "Event").

**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, 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 BRAINERD LAKES AFFILIATE OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION D/B/A THE BRAINERD LAKES 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 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.

\_\_\_\_\_  
 SIGNATURE Parent's or Guardian's PRINTED NAME & Signature If participant is under age 18 Date

|                |                         |                             |          |
|----------------|-------------------------|-----------------------------|----------|
| DATE OF BIRTH  | AGE (ON RACE DAY)       | SEX (M/F)                   |          |
| MM DD YYYY     |                         |                             |          |
|                |                         |                             |          |
| CIRCLE T-SIZE: | ADULT: S M L XL 2XL 3XL | YOUTH: 2-4* 6-8 10-12 14-16 | No shirt |

**IF YOU ARE A BREAST CANCER SURVIVOR: # Years: \_\_\_\_\_**  
 Would you like to be recognized as a breast cancer survivor by receiving a complementary pink hat and t-shirt? **Yes / No**

**ENTRY FEES FOR ALL EVENTS\*:**  
(non-refundable & not tax deductible)

|             |         |       |        |
|-------------|---------|-------|--------|
|             | by 6/25 | 7/3   | on 7/5 |
| ADULT:      | \$ 20   | \$ 25 | \$ 30  |
| 12 & UNDER: | \$ 12   | \$ 15 | \$ 15  |

\*Age 10 & under may enter any event plus a Kids for the Cure® Race for a single fee. Check both boxes at right.  
 Size 2-4 T-shirts supplied by Kiwanis.

**CHECK EVENT BELOW: I AM A WHEELER: \_\_\_\_\_**

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | 5K RACE (USAT&F Certification # MN.06039-RR) |
| <input type="checkbox"/> | 5K WALK                                      |
| <input type="checkbox"/> | 1 MILE WALK                                  |
| <input type="checkbox"/> | Kids for the Cure® (ages 2 - 10)             |
| <input type="checkbox"/> | SPIRIT RUNNER - SAME ENTRY FEES              |

**AMOUNT DUE**

Event Fee: \_\_\_\_\_

Donations: \_\_\_\_\_  
(list attached)

Total: \_\_\_\_\_

|   |  |
|---|--|
| <p><b>I AM ON A TEAM</b> Team entries postmarked by <u>June 25<sup>th</sup></u> will count towards the Largest Team Awards.<br/>                 Team Name: _____</p> | <p><b>5K TEAM RACERS MUST REGISTER BY JULY 3RD.</b></p> <p>Captain's name: _____</p> |
|---|--|

**FRIENDS FOR THE CURE®:** (collect extra donations and see entry information for rewards detail)  
**PLEASE ATTACH A LIST OF DONORS** and be sure to include your name and address on the list and the full address of any donor contributing \$250 or more as needed for IRS reporting. Additional donations may be submitted on Race Day or online at [www.komenbrainerdlakes.org](http://www.komenbrainerdlakes.org) until August 1st.

**Mail this form along with entry fee, plus any donations and list, with checks made to:**  
**Postmark deadline: Wednesday, June 25**  
 (In person entries accepted July 3 & 5 at Forestview Middle School, Baxter)  
 for breast cancer info visit: [www.komen.org](http://www.komen.org)  
 for Race info visit: [www.komenbrainerdlakes.org](http://www.komenbrainerdlakes.org)

**Komen Brainerd Lakes Race for the Cure®**  
**PO Box 213**  
**Pequot Lakes MN 56472**