

# 2011 Central Wisconsin Race for the Cure PARTICIPANT REGISTRATION FORM

## CONTACT INFORMATION

First: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: F M

T-shirt size (Circle One): Adult: S M L XL 2XL 3XL

Youth: S (6-8) MED (10-12) LG (14-16)



Hanes is the Official T-shirt of the Susan G. Komen Race for the Cure®

## TYPE OF ENTRY

Individual

What is your individual fundraising goal? \$ \_\_\_\_\_

Team

Team Name: \_\_\_\_\_

Captain's Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

What is your team fundraising goal? \$ \_\_\_\_\_

## BREAST CANCER SURVIVOR?

Yes, I would like to be recognized as a breast cancer survivor by receiving a complimentary pink cap and T-shirt.

**This event will occur rain or shine.** Race Chairs reserve the right to cancel in extreme circumstances. In that event, there will be no refunds. Your entry fee will be used as a donation to the Central Wisconsin Race for the Cure.

**For the safety of participants,** rollerblades and pets are discouraged from participating in the event. Thank you for your cooperation.

## 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 for the Cure, 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, any photographs, videotapes, audiotapes, or other recordings of me that are made during the course of this event; and the results of my participation in this Event.

I understand that my consent to these provisions is given in consideration for being permitted to participate in this Event; I may be removed from this competition if I do not follow all the rules of this Event; and 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, Central Wisconsin Affiliate of Susan G. Komen for the Cure D/B/A Central Wisconsin AND ALL OTHER KOMEN AFFILIATES AND THEIR RESPECTIVE DIRECTORS, OFFICERS, VOLUNTEERS, AGENTS AND EMPLOYEES; ANY EVENT SPONSORS; AND ALL OTHER PERSONS OR ENTITIES ASSOCIATED WITH THIS EVENT FOR ANY INJURY OR DAMAGES I MIGHT SUFFER IN CONNECTION

## ENTRY CATEGORY & PAYMENT

Adult 5K chip-timed \$ 35.00

Adult 5K and 1 mile non-chip-timed \$ 30.00

Child (12 and under) 5K chip-timed \$ 20.00

Child (12 and under) 5K and 1 mile non-chip-timed \$ 15.00

Sleep In for the Cure \$ 40.00

Fund a mammogram for someone in our community \$ 100.00

Add a tax deductible donation \$ \_\_\_\_\_

**TOTAL AMOUNT ENCLOSED** \$ \_\_\_\_\_

## METHOD OF PAYMENT:

Enclosed check made payable to:

Komen Central Wisconsin Race for the Cure

Mail complete entry form, entry fees and donations to:

Komen Central Wisconsin Race for the Cure

P.O. Box 187, Wausau, WI 54402-0187

Credit/Debit Card (Please provide additional information below)

Visa/MC/Discover/AMEX Account Number: \_\_\_\_\_

Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Verification Code: \_\_\_\_\_ (3 or 4 digit code printed on card)

Name of Cardholder: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

## FOR OFFICE USE ONLY

Team Code # \_\_\_\_\_

Check # \_\_\_\_\_

Bib # \_\_\_\_\_

Race Course Certification Number — WI-09045-DM

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 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, Komen shall have the right to modify such provision to the extent necessary to be deemed enforceable; and 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 \_\_\_\_\_ Date \_\_\_\_\_

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