

Komen Decatur Race for the Cure® Official Entry Form

Register online at www.decaturred.com or mail or drop off your completed entry form with your check payable to **Komen Decatur Race for the Cure®, c/o Decatur Memorial Foundation, 2300 North Edward Street, Decatur, Illinois 62526.**

Entries postmarked by June 1, \$20; after June 1, \$25; Race Day Adults and Children \$30.00.

Registration form may be photocopied.

First Name

Last Name

Address

City /State

Zip Code - Phone -

E-Mail

M F Age on Race Day

Date of Birth

I will participate in: I will pickup packet in:

<input type="checkbox"/>	COMPETITIVE 5K Run	<input type="checkbox"/>	Decatur
<input type="checkbox"/>	5K Walk / 1.6K Fun Walk	<input type="checkbox"/>	Springfield
		<input type="checkbox"/>	Champaign

Would you like to be recognized as a breast cancer survivor by receiving a complimentary pink cap and T-shirt?

yes

Race Entry Fees

Early Registration (by June 1) \$20 \$ _____

Late Registration (after June 1) \$25 \$ _____

Children's 12 & under (before June 27) \$10.00 \$ _____

Race Day Registration (on June 27) \$30 \$ _____

Sleep for the Cure (by June 1) \$30.00 \$ _____

Sleep for the Cure (after June 1) \$35.00 \$ _____

All registration fees, adults and children, are \$30.00 Race Day

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 DECATUR AFFILIATE OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION D/B/A THE DECATUR 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.

PHOTOGRAPHIC AND RESULTS RELEASE: I give my consent and permission to Decatur Memorial Foundation, 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 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 _____ Date _____
 Signature if under age 18