



2012 SUSAN G. KOMEN SAVANNAH RACE FOR THE CURE® - Saturday, April 21, 2012

REGISTRATION FORM

For more information and to register online go to www.savannahraceforthecure.org

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LAST NAME FIRST NAME MI

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MAILING ADDRESS SUITE/APARTMENT # GENDER

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CITY STATE ZIP CODE CONTACT PHONE # WITH AREA CODE

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EMAIL ADDRESS/PLEASE WRITE LEGIBLY BIRTH DATE MM/DD/YYYY AGE ON 4/21

<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> TEAM _____ <small>TEAM NAME IF APPLICABLE</small>	T-SHIRT SIZE SELECTION - PLEASE MARK ONLY ONE <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;"><small>susan g. komen FOR THE cure</small></td> <td style="width:10%; text-align: center;">YS <input type="checkbox"/></td> <td style="width:10%; text-align: center;">YM <input type="checkbox"/></td> <td style="width:10%; text-align: center;">S <input type="checkbox"/></td> <td style="width:10%; text-align: center;">M <input type="checkbox"/></td> <td style="width:10%; text-align: center;">L <input type="checkbox"/></td> <td style="width:10%; text-align: center;">XL <input type="checkbox"/></td> <td style="width:10%; text-align: center;">2XL <input type="checkbox"/></td> <td style="width:10%; text-align: center;">3XL <input type="checkbox"/></td> </tr> </table> <p style="font-size: small; text-align: center;">All T-shirts will be distributed based on size and availability as long as supplies allow. Your registration fee is not payment or consideration for a Race T-shirt, supplies of which are limited.</p>	<small>susan g. komen FOR THE cure</small>	YS <input type="checkbox"/>	YM <input type="checkbox"/>	S <input type="checkbox"/>	M <input type="checkbox"/>	L <input type="checkbox"/>	XL <input type="checkbox"/>	2XL <input type="checkbox"/>	3XL <input type="checkbox"/>	<input type="checkbox"/> BREAST CANCER SURVIVOR? _____ HOW MANY YEARS WOULD YOU LIKE TO BE RECOGNIZED AS A BREAST CANCER SURVIVOR BY RECEIVING A COMPLIMENTARY PINK CAP AND T-SHIRT? <input type="checkbox"/> YES <input type="checkbox"/> NO
<small>susan g. komen FOR THE cure</small>	YS <input type="checkbox"/>	YM <input type="checkbox"/>	S <input type="checkbox"/>	M <input type="checkbox"/>	L <input type="checkbox"/>	XL <input type="checkbox"/>	2XL <input type="checkbox"/>	3XL <input type="checkbox"/>			

ENTRY FEES

ADULT OR CHILD 11 AND OLDER (AS OF RACE DAY)

5K Run/Walk Untimed	\$ 30 thru 3/21/12
or	\$ 35 thru 4/20/12
1 Mile Walk	\$ 45 Race Day

KIDS FOR THE CURE® AGES 0-10 (AS OF RACE DAY)*

Includes participation in Kids for the Cure Race®, and 5K or 1 Mile Walk/Run <i>*All children, even those being carried or in strollers, must be registered.</i>	\$ 10 thru Race Day
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ADDITIONAL TAX DEDUCTIBLE DONATION \$ _____

TOTAL AMOUNT ENCLOSED \$ _____

MAIL SIGNED REGISTRATION FORM AND CHECK OR MONEY ORDER TO:
Komen Savannah Race for the Cure
P.O. Box 1405, Savannah, GA 31402
(postmarked no later than April 13, 2012)

This event will occur rain or shine. We reserve the right to cancel in extreme circumstances. In that event, there will be no refunds; rather, your entry fee will be used as a donation to The Susan G. Komen Savannah Race for the Cure®

For the safety of all participants, roller blades and pets are discouraged from participating in this event. Thank you for your cooperation.

PLEASE READ AND SIGN (REQUIRED) 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 ("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 COASTAL GEORGIA AFFILIATE OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC. D/B/A THE COASTAL GEORGIA 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. 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.

X _____ Date _____
 Participant Signature (Required to Participate in Race)

X _____ Date _____
 Parent or Guardian Signature if under 18 years of age (Required to Participate in Race)

OFFICIAL USE ONLY

Check # _____ Cash _____
 CC or Debit (circle one) MC AMEX VISA
 Acct # _____ Exp. _____
 Entered in Convio _____ Bib _____