

Print clearly and fill in all blanks. Due to liability issues, a form must accompany every entrant regardless of age or level of participation.

**Race entry form not valid without participant's signature.**

**Mail To: Komen Race for the Cure®**  
**P.O. Box 26244**  
**Little Rock, AR 72221**

Forms must be postmarked by October 1, 2010.

FOR OFFICIAL USE  
 Check #

LAST NAME	FIRST NAME
STREET ADDRESS	
	APT.
	STATE
CITY	ZIP
	DAYTIME PHONE NUMBER
DATE OF BIRTH (MM/DD/YY)	SEX
	E-MAIL ADDRESS
	AREA CODE

T-SHIRT SIZE S  M  L  XL  XXL  XXXL

**Your registration fee is not payment or consideration for a race t-shirt, supplies of which are limited. T-shirts will be distributed based on size and availability as long as supplies allow.**

Kids for the Cure®  
 YOUTH SIZES S  M  L

**Only 1,500 Kids for the Cure® T-shirts will be produced. First come, first served. No substitutions will be made.**

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

### 1. CHOOSE AN EVENT *(please check only one):*

- KARK Women's 5K Run/Walk
- Go! Running Women's 5K Elite Run (\$30 includes chip. Limited to first 1500.)
- Papa John's & KATV Family 2K Fun Walk/Fun Run
- Bank of America & Today's THV Three Miles of Men®
- Hank's Fine Furniture Sleep in for the Cure®
- Burger King and KATV Kids for the Cure® (Ages 5-12)

### 2. REGISTRATION FEES *(be sure to sign waiver):*

Race Registration Entry <i>(Includes t-shirt shipping &amp; handling)</i>	\$25	\$ _____
Race Registration for under 27 mins participants	\$30	\$ _____
I would like to help with shipping costs	\$5	\$ _____
Race Day Registration <i>(for all participants)</i>	\$30	\$ _____

### 3. TICKETS, TRIBUTES, MEMBERSHIP:

Pasta Party Tickets	_____ @ \$20 each	\$ _____
Pink Postcard Tribute*	_____ @ \$5 each	\$ _____
Additional Donation		\$ _____

Komen Foundation Memberships		
<input type="checkbox"/> New Member	\$35	\$ _____
<input type="checkbox"/> Patron Member	\$100	\$ _____
<input type="checkbox"/> Annual Renewal	\$35	\$ _____
<input type="checkbox"/> Lifetime Member	\$1000	\$ _____

### 4. GRAND TOTAL:

Make check or money order payable to **Komen Race for the Cure®**.  
 Entry fees are not tax deductible and are not refundable.

**Forms must be postmarked by October 1.**

\* (Form on following page)

### RACE WAIVER AND RELEASE *(MUST BE SIGNED BY PARTICIPANT/PARENT OR GUARDIAN)*

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; (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 WHICH MAY OCCUR DURING MY PARTICIPATION IN THIS 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 SUSAN G. KOMEN BREAST CANCER FOUNDATION ARKANSAS AFFILIATE D/B/A KOMEN ARKANSAS AFFILIATE, 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.

This Photographic Release and Results 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.

The 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 Arkansas Race for the Cure®.

**REQUIRED FOR ALL REGISTRANTS**

X  
 SIGNATURE OF PARTICIPANT \_\_\_\_\_ DATE \_\_\_\_\_

X  
 SIGNATURE OF PARENT OR LEGAL GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

Entry form not valid without signature and will be returned. Parents must sign for children under 18. Must have one form per person with signature. Photocopies are acceptable. The 5K Komen Arkansas Race for the Cure® is USATF certified and sanctioned #191916. 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 Komen Arkansas Race for the Cure®.