

2009 KOMEN NORTH CENTRAL ALABAMA RACE FOR THE CURE

OCTOBER 10, 2009 | LINN PARK | BIRMINGHAM, AL

Race Hotline **205.907.2725**

Register online at www.komenNCAlabama.org

BEFORE GETTING STARTED...

- For fast and secure processing, you may register online at www.komenNCAlabama.org or fill out the following:
- Please print clearly and complete all sections.
- One person per registration form.
- All registrations (online or by mail) must be received by **September 19, 2009** in order for participants to receive an Event Kit (T-shirt & bib) by mail, for an additional donation. (Must provide address - No P.O. Boxes)
- Register at Brookwood Village - October 5-9.
- Online registraion through October 7.

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)

PLEASE READ & SIGN BELOW

WAIVER AND RELEASE OF CLAIMS

I understand that by accepting this race bib and participating in this Event, I give my consent to these provisions 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 NORTH CENTRAL ALABAMA AFFILIATE OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION D/B/A THE NORTH CENTRAL ALABAMA 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.

TYPE OF ENTRY

- Individual
- Team
Team Name: _____
Captain's Name: _____
Cell Phone number: _____

ENTRY CATEGORY (check one)

- 5K/1 mile Family Fun Walk
- Kids for the Cure
- Sleep in for the Cure

BREAST CANCER SURVIVOR?

- Yes, I would like to be recognized.

IN THE PINK®

A special sponsorship is available to individuals who would like to be included in our In The Pink® program. For a \$50 donation, in addition to your Base Entry Fee, In The Pink® participants will receive a Komen branded cooler. Please complete the entry form and check the In The Pink® box. In The Pink® participants can pick up their gift with their race packet at packet pick up. In The Pink® participant registration forms MUST be postmarked by September 18, 2009, to receive gift.

FOR OFFICE USE ONLY

Team Code # _____
Check # _____
Bib # _____
 Race Course Certification Number — AL08028JD

PAYMENT (PRICES INCREASE \$10 ON RACE DAY)

- Breast Cancer Survivor \$ 30.00
- Timed Breast Cancer Survivor \$ 35.00
- Adult 5K or 1 Mile Walk/Run (15 & up) \$ 30.00
- Timed Adult 5K Run (15 & up) \$ 35.00
- Child 5K or 1 Mile Walk/Run (14 & under) \$ 15.00
- Timed Child 5K Run (14 & under) \$ 20.00
- Sleep In For the Cure \$ 30.00
- Sleep In For the Cure - Survivor \$ 30.00

ADDITIONAL ENTRY ITEMS

- In The Pink® \$ 50.00
- For an additional donation, mail me my shirt & bib (due Sept. 19, 2009) \$ 25.00
- Add a tax deductible donation \$ _____

TOTAL AMOUNT ENCLOSED \$ _____

METHOD OF PAYMENT:

- Enclosed check made payable to:
 Komen North Central Alabama Race for the Cure
 Mail complete entry form, entry fees and donations to:
 Komen North Central Alabama Race for the Cure
 3584 Hwy 31 South, Suite 314
 Pelham, AL 35124
- Credit/Debit Card (Please provide additional information below)
 Visa/MC/AMEX Account Number: _____
 Exp. Date: ____/____/____
Verification Code: _____ (3 or 4 digit code printed on card)
Name of Cardholder: _____
Billing Address: _____
Cardholder Signature: _____

PHOTOGRAPHIC AND RESULTS RELEASE

By accepting this race bib and participating in this event (the "Event"), 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 the Event. 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 accepting this race bib and participating in this Event, and have participated freely and voluntarily without any inducement, assurance or guarantee being made to me and intend my acceptance of this race bib and my participation in this Event 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) _____