

# 2010 RACE DAY ENTRY FORM



One entrant per form. Photocopies acceptable. Please print clearly.

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

KOMEN CHICAGO RACE FOR THE CURE®  10K Timed Run  5K Timed Run  1 or 3 Mile Walk  
 Saturday, Sept 25, Grant Park, Chicago, IL  Sunday, Sept 26, Yorktown Center, Lombard, IL

### Race Day Registrations

\$45.00 **10k/5k Timed Runner** (everyone who runs gets a chip @1.25 per chip)      \$40.00 **Adult Walker** (18 years and older)      \$25.00 **Youth Walker** (17 years and below)



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

\*All Fields Required\*

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

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

Daytime Phone: (      ) \_\_\_\_\_ Evening Phone: (      ) \_\_\_\_\_

Date of Birth:      /      /      Gender:      Male      Female

I am a Breast Cancer Survivor—#      of years      Would you like to be recognized as a breast cancer survivor by receiving a complimentary pink cap and T-shirt?      No      Yes

Credit Card     Visa     MC     AMEX     Discover     Cash     Check # \_\_\_\_\_  
Made payable to Komen Chicago Race for the Cure®.

Name on Credit Card: \_\_\_\_\_

Card Number \_\_\_\_\_ Exp Date: \_\_\_\_\_ CSV \_\_\_\_\_

BIB NUMBER: \_\_\_\_\_ Total Enclosed

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 Chicago Race for the Cure®.

**PHOTOGRAPHIC AND RESULTS RELEASE** I give my full consent and permission to The Susan G. Komen Breast Cancer Foundation, Inc. d/b/a Susan G. Komen for the Cure ("Komen"), its local 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 or my minor children that are made during the course of this event (the "Event"); and (ii) the results of my or my minor children's participation in this Event (e.g., race time, name, participant number).

**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. 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, KOMEN CHICAGOLAND AFFILIATE D/B/A CHICAGOLAND AREA AFFILIATE OF SUSAN G. KOMEN FOR THE CURE®, THEIR AFFILIATES AND ANY AFFILIATED INDIVIDUALS, ANY EVENT SPONSORS AND THEIR AGENTS AND EMPLOYEES, CITY OF CHICAGO, CHICAGO PARK DISTRICT, AND ALL OTHER PERSONS OR ENTITIES ASSOCIATED WITH THIS EVENT (COLLECTIVELY, THE "RELEASEES") FOR ANY INJURY OR DAMAGES I OR MY MINOR CHILDREN ATTENDING THE EVENT MIGHT SUFFER IN CONNECTION WITH MY OR THEIR PARTICIPATION IN THIS EVENT OR WHILE ON THE EVENT PREMISES. THIS RELEASE APPLIES TO ANY AND ALL LOSS, LIABILITY, OR CLAIMS I, MY NEXT OF KIN, HEIRS, ADMISTRATORS AND EXECUTORS MAY HAVE ARISING OUT OF MY OR MY MINOR CHILDREN'S PARTICIPATION IN THIS EVENT OR WHILE ON THE EVENT PREMISES, 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 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.

LOMBARD: I do hereby release and hold harmless the County of DuPage, its successors, assigns and employees from any claims for damage to property and/or bodily injury, including my death or that of my participating child which might arise out of my or my child's participation in said aforementioned activity/event.

Participant's Name \_\_\_\_\_ SIGNATURE \_\_\_\_\_ Parent's or Guardian's Signature if under age 18 \_\_\_\_\_ Date \_\_\_\_\_