2012 KOMEN MONTANA RACE FOR THE CURE®

STATE CAPITOL | SATURDAY, MAY 19, 2012 | OFFICIAL ENTRY FORM

Register Online -- www.komenmontana.org

CONTACT INFORMATION

First ☐☐☐☐☐☐☐☐☐☐☐☐☐ MI☐ Last☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Email ☐☐

Address ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Apt. No ☐☐☐☐

City ☐☐☐☐☐☐☐☐☐☐☐☐☐ State ☐☐ Zip ☐☐☐☐☐

Phone☐☐☐-☐☐☐-☐☐☐☐ Gender ☐ Date of Birth (for race statistics) ☐☐/☐☐/☐☐

T-Shirt Size (Circle One) Adult Sizes S M L XL 2XL Youth Sizes S M L

Race T-shirts can be picked up at Capital City Health Club on Thursday or Friday prior to the Race.

TEAM INFORMATION

☐ Yes, I would like to start a team. I want my team name to be _____

☐ Yes, I would like to join an existing team. The team name is _____

BREAST CANCER SURVIVOR

☐ Yes, I would like to be recognized as a breast cancer survivor and receive a complimentary pink cap & t-shirt.

Note: Participants raising $10 or more will receive a 2012 Race pin. Additionally, pins can be purchased for $2 on Race day. By raising more money, together we will end breast cancer forever.

Mail Completed Entry Form to: Montana Affiliate Susan G. Komen for the Cure
1066 Helena Ave.
Helena, MT 59601

TYPE OF ENTRY

☐ Adult 1 mile ☐ Adult 5K			
☐ Early	$25	by April 1	_____
☐ Regular	$30	by May 12	_____
☐ Late	$35	by May 18	_____
☐ Race Day	$40		_____
☐ Children 1 mile or 5K (17 & under)	$12		_____
☐ Sleep In for the Cure®	$37	includes mailing	_____

ADDITIONAL OPPORTUNITIES

☐ Please mail my t-shirt before race	$7		_____
☐ Team Tailgate Site	$20		_____
☐ Quilt Raffle Tickets	$5	for 1 ticket	_____
	$10	for 3 tickets	_____
☐ Add your Tax Deductible Donation			_____
☐ Discount for Military Personnel	$5	off	– _____
TOTAL AMOUNT			_____

METHOD OF PAYMENT

☐ Enclosed check made payable to: Komen Montana Race for the Cure®

☐ Credit Card (Visa | MC | Discover | AMEX)

Name of Cardholder ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Account Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Exp. Date☐☐/☐☐

3-Digit Verification Code ☐☐☐ Billing Zip Code ☐☐☐☐☐

Cardholder Signature: _____

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, "RELEASORS"), HEREBY RELEASE AND HOLD HARMLESS AND COVENANT NOT TO FILE SUIT AGAINST (I) KOMEN, MONTANA AFFILIATE OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC. D/B/A AS THE MONTANA 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 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. 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.

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