



April 28, 2012

Coveleski Stadium, South Bend

5K Run/Walk | Kids for the Cure

Race day registration begins 7am|Opening Ceremonies 8am|Race Start 9am

NAME _____ TEAM NAME _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

PHONE _____ EMAIL _____

____ M ____ F DOB _____ AGE _____

- ____ ADULT TIMED RUN(\$30)
____ ADULT UNTIMED WALK/RUN(\$30)
____ SURVIVOR TIMED RUN(\$25)
____ SURVIVOR UNTIMED RUN/WALK (\$25)
____ CHILD TIMED RUN(AGE 5-16)(\$30)
____ CHILD UNTIMED RUN/WALK(AGE 5-16)(\$30)
____ KIDS FOR THE CURE*(12 & UNDER)(\$10)

*KIDS FOR THE CURE IS A FUN RUN AROUND THE FIELD OR BASES, IT INCLUDES ACCESS TO THE APPLEBEE'S FUN ZONE AND A T-SHIRT FOR \$10. CHILDREN MUST BE ACCOMPANIED BY AN ADULT AT ALL TIMES.

T-SHIRT SIZE ____YS ____YM ____YL ____S ____M ____L ____XL ____XXL ____XXXL

____ WOULD YOU LIKE TO BE RECOGNIZED AS A BREAST CANCER SURVIVOR BY RECEIVING A PINK T-SHIRT AND HAT?

EMERGENCY CONTACT _____ PHONE _____

PHOTOGRAPHIC WAIVER

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 this event (the "Event").

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 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 NORTHERN INDIANA AFFILIATE OF SUSAN G. KOMEN FOR BREAST CANCER FOUNDATION D/B/A THE NORTHERN INDIANA 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 PARTIPANTS, 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. 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 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 _____ Participant's Name Signature

X _____ Parent or Guardian's Signature if under age 18 Date

FOR OFFICE USE ONLY

____ Check ____ Cash ____ Credit Card Total Registration Amount \$ _____ Donation Included? Y N Amount of donation \$ _____ Total Amount \$ _____