



Susan G. Komen Triangle Race for the Cure®  
 Saturday, June 11, 2016  
 The Frontier, Research Triangle Park



First Name:

Last Name:

Team Name:

Team Captain: Yes  No

Street Address:

City:

ST:

Zip Code:

Email:

Phone:

Date of Birth

Gender:  F  M  Wheelchair Participant

MM DD YYYY

I would like to be recognized as a breast cancer survivor. By choosing this you will receive a pink t-shirt and bib.

T-SHIRT SIZE

- Youth Small
- Youth Medium
- Adult Small
- Adult Medium
- Adult Large
- Adult X-Large
- Adult XX-Large

We cannot guarantee size availability.

Event	Fee	Race Day	Total
Competitive (Timed) Adult 5K	\$35		
Recreational (Untimed) Adult 5K	\$30	\$40	
Competitive (Timed) Youth 5K	\$30		
Recreational (Untimed) Youth 5K	\$25	\$35	
Jeanne's Race - Women's Only (Untimed) 5K	\$30	\$40	
Sleep In for the Cure®/Virtual Runner	\$35		
Fundraising Only	\$0	\$0	

This form must be given to Komen NCTC by June 11, 2016

Additional Tax-deductible Donation

MAKE CHECKS PAYABLE TO:  
 Susan G. Komen North Carolina Triangle to the Coast

GRAND TOTAL

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 ("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, "RELEASEES"), HEREBY RELEASE AND HOLD HARMLESS AND COVENANT NOT TO FILE SUIT AGAINST (I) KOMEN AND KOMEN, NC TRIANGLE AFFILIATE OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC. D/B/A NORTH CAROLINA TRIANGLE TO THE COAST 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.

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 Triangle Race for the Cure®.

INCOMPLETE AND/OR UNSIGNED ENTRIES WILL NOT BE ACCEPTED.

SIGNATURE (Parent or Guardian if under age 18)

DATE

OFFICIAL USE ONLY:

BIB # (official use only)

INDIVIDUAL REGISTRANTS, SEND COMPLETED FORM TO:  
 Susan G. Komen North Carolina Triangle to the Coast  
 600 Airport Blvd., Suite 100  
 Morrisville, NC 27560  
 FOR MORE INFORMATION, EMAIL: Registration@komenncctc.org