



**Susan G. Komen Triangle Race for the Cure®**  
 Saturday, April 30, 2022 | Research Triangle Park, NC



First & Last Name: \_\_\_\_\_

Team Name: \_\_\_\_\_ Captain:  Y  N

Street Address\*: \_\_\_\_\_

\*note: if you add Packet Mailing or register as a Virtual participant, this is where your t-shirt will be mailed

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Gender:  F  M

- I would like to be recognized as a **breast cancer survivor**
- I would like to be recognized as **living with metastatic breast cancer**

Select your t-shirt size:

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

This form must be received by Susan G. Komen by April 29, 2022

Make Checks Payable to Susan G. Komen, Memo: Triangle Race for the Cure

Registration Type	Early Bird (2021) / General (2022)
Adult	\$30 / \$35
Youth	\$25 / \$30
Virtual (includes mailing)	\$40 / \$45
Optional Add-Ons	Amount
Packet Mailing	\$10
5K Timing Chip	\$10
SUBTOTAL	
Additional Donation	
GRAND TOTAL	

**PHOTOGRAPHIC AND RESULTS RELEASE and WAIVER AND RELEASE OF CLAIMS**

Photographic and Results Release: I give my full consent and permission to The Susan G. Komen Breast Cancer Foundation, 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 of the rules of this Event. I am a voluntary participant at 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, 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 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, ADMINISTRATORS 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 interpreted under the laws of the state in which the Event is held. In the event any portion of this Release is deemed invalid or unenforceable by any court of competent jurisdiction or by operation of law, the invalid or unenforceable portion(s) may be modified by the court to render it enforceable, or such portion(s) may be stricken by the court as if never a part of the Release, and the invalidity or unenforceability of such portion(s) shall in no way render invalid or unenforceable any other part or provision. By my signature below, I freely and voluntarily enter into this Release, without inducement or guarantee by the Releasees, and with the understanding that I completely and unconditionally waive and release the Releasees of all Claims and liability, as stated above, to the greatest extent allowed by law.

**WAIVER AND RELEASE:** I acknowledge that I have read and understand the Release stated above, and I agree to its terms.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature (Parent or Guardian if under age 18): \_\_\_\_\_

INDIVIDUAL REGISTRANTS, SEND COMPLETED FORM TO [mmadia@komen.org](mailto:mmadia@komen.org) OR MAIL TO THE ADDRESS BELOW:

Susan G. Komen | Attn: NC 300 | 13770 Noel Road, Suite 801889 | Dallas, TX 75380