

Postmark this form by
AUGUST 15, 2021

BEFORE GETTING STARTED...

- Register online at our new site. It's fast and easy! www.komen.org/dmv-tri-state-walk
- Please print clearly and complete ALL sections. ONE person per registration form.

PARTICIPANT INFORMATION (Please print clearly):

Full Name: _____ Email: _____ Home Address: _____
 _____ City: _____
 _____ State: _____ Zip Code: _____
 Phone Number: Mobile Home _____ Date of Birth: _____

TEAM AFFILIATION (Please select one):

- Register as an individual (not on a team)
- Join a Team! Team Name: _____ Team Captain's Name: _____
- Start a Team! Your Team's Name: _____

REGISTRATION TYPE (Please select one):

- Adult Youth (under 18)

Select Your T-shirt Size:

Adult Sizes: S M L XL 2XL 3XL

Youth Sizes: YS YM YL

All participants who raise \$100 will receive a grey event t-shirt. Survivors and those living with metastatic breastcancer will receive a special event shirt regardless of fundraising level achieved.

Would you like to be recognized as a Breast Cancer Survivor or Living with Metastatic Breast Cancer?

- No
- Yes, I would like to be recognized as a Breast Cancer Survivor.
- Yes, I would like to be recognized as Living with Metastatic Breast Cancer

PLEASE READ AND SIGN WAIVER

I AGREE ALL REPRESENTATIONS MADE AND RELEASES, WAIVERS, COVENANTS AND CONSENTS GIVEN BY ME HERE ARE GIVEN ON BEHALF OF ME AND ALL MY MINOR CHILDREN OR PERSONS OVER WHOM I HAVE GUARDIANSHIP TRAINING FOR OR PARTICIPATING IN EVENT. MINORS UNDER 18 MUST BE ACCOMPANIED BY A PARENT/GUARDIAN WHO IS ALSO A REGISTERED PARTICIPANT.

In consideration of participation in the MORE THANK PINK Walk, I, for myself and my next of kin, heirs, administrators and executors, waive and release The Susan G. Komen Breast Cancer Foundation, Inc., its affiliates, including the affiliate conducting Event ("Affiliate"), and their respective directors, employees, volunteers, agents, assigns, vendors, contractors, governments, licensees and successors (collectively, "Releasees"), from any and all claims, liabilities, actions, demands, expenses and attorneys' fees arising out of my training for and participation in Event and my related fundraising activities (collectively, "Event").

I understand Event may involve physical activity, contact with other persons or animals or other potential risk of bodily injury or damage to property. I voluntarily assume full and complete responsibility for and the risk of any injury, including death, accident or lost/stolen property.

I am medically and physically able to participate in Event and take full responsibility for consulting a physician. I consent to emergency medical care and transportation if injured, as medical professionals deem appropriate. This Release extends to any liability arising out of or in any way connected with the medical care/transportation provided, including negligent emergency rescue operations.

I will obey all laws, rules and safety procedures relating to Event. I will abide by any decision of an event official related to my ability to safely compete in Event and exhibit appropriate behavior at all times. Event officials may dismiss me without refund if my behavior endangers the safety of or negatively affects Event or any person or property.

I give Releasees the irrevocable, perpetual and worldwide right to use, copy, publicly perform or display, distribute, modify, translate, and create derivative works of, for any purpose and without compensation (i) any personal statements, photos, videos, audio and other recordings of me made during Event and any

original material created by me in connection with Event; and (ii) the results of my participation in Event. Without limiting the foregoing, I agree all personal information provided by me for Event may be used according to the privacy policy referenced below.

This Release will be construed under the laws of the state where Event is held. If any provision of this Release is deemed unenforceable by law, Affiliate may modify such provision to the extent needed to be deemed enforceable and all other provisions will remain in full force and effect.

I understand all donations made in connection with Event are non-refundable and non-transferable and the registration fee is non-refundable, non-transferable and not tax deductible.

I certify I am at least 18 years old. I understand I have given up substantial rights by accepting this Release and have signed it freely and voluntarily without any inducement, assurance or guarantee. I intend my acceptance to be a complete and unconditional release of liability to the greatest extent allowed by law.

If Event is held in California, the following applies:

This Release extends to claims and facts unknown and unsuspected to exist at the time of executing this Release. All rights under Section 1542 of the California Civil Code are hereby expressly waived with respect to any of the claims, injuries, or damages described in this Release. Section 1542 of the California Civil Code reads as follows:

A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS FAVOR AT THE TIME OF EXECUTING THE RELEASE, WHICH IF KNOWN BY HIM MUST HAVE MATERIALLY AFFECTED HIS SETTLEMENT WITH THE DEBTOR.

Fundraising Goal:

How much will you raise to end breast cancer?

\$ _____

Make your personal donation to end breast cancer.

\$50 - Every 50 seconds, somewhere in the world, someone dies from breast cancer.

\$100 - Your donation could provide groceries for a breast cancer patient for a week.

Any amount you give will help save lives!

Your Personal Donation amount: \$ _____

PAYMENT:

Make your check payable to "Susan G. Komen" and submit your total payment with this registration form. Only Personal Donation gifts will be applied to your fundraising goal. *Note:* Please do not send cash in the mail.

Send completed form and donations to:
Susan G. Komen
ATTN: DC 100
PO Box 801889, Dallas, Texas 75380

Contact Komen at 1-877-465-6636, option 4 or email info@komen.org with any questions.

WAIVER: By signing below, I acknowledge and agree to the terms of the waiver above.

Participant's Name

Signature

Parent/Guardian's Signature (Youth Participants)

Date

Thank you for your support
of Susan G. Komen!