

2011 KOMEN SOUTHERN NEVADA RACE FOR THE CURE® REGISTRATION FORM*

***One Entry Per Person**

You can also register online at www.komensouthernnevada.org (no additional charge)

TEAM CAPTAINS:

Please collect and mail all signed forms/fees by April 27th to:

Komen Southern Nevada Race for the Cure®
Mail to: P.O. Box 98809, Las Vegas, NV 89193

PLEASE DO NOT MAIL TEAM ENTRIES INDIVIDUALLY!

Breast Cancer Survivor

By checking this box you are indicating to us your wish to be recognized as a Survivor and to receive a complimentary pink T-shirt and cap.

FIRST NAME

INDIVIDUALS:

Please mail signed form/fee by April 27th to:

Komen Southern Nevada Race for the Cure®
Mail to: P.O. Box 98809, Las Vegas, NV 89193

MUST SELECT ONE:

5K (Timed/ \$5 timing tag) 1 Mile Fun Run/Walk

5K (Not timed)

LAST NAME

MAILING ADDRESS

APT.

CITY

STATE

ZIP CODE

WORK PHONE

HOME PHONE

(MUST INCLUDE IF ENTERING 5K RUN)

GENDER AGE

M F SHIRT SIZE (ADULT) S M L XL XXL XXXL (YOUTH) S M L BABY BIB

E-MAIL ADDRESS (*I AGREE TO RECEIVE KOMEN INFORMATION)

TEAM NAME

TEAM CAPTAIN NAME

TEAM CAPTAIN PHONE NUMBER

E-MAIL ADDRESS (*I AGREE TO RECEIVE KOMEN INFORMATION)

* HEALTHCARE 500+ EMPLOYEES * CORPORATE 500+ EMPLOYEES * SCHOOL ELEMENTARY OPEN
 250 - 499 EMPLOYEES 250 - 499 EMPLOYEES MIDDLE Any team that does not
 100 - 249 EMPLOYEES 100 - 249 EMPLOYEES HIGH fall into school, corporate
 under 100 EMPLOYEES under 100 EMPLOYEES COLLEGE or healthcare category.

EARLY ENTRY FEES

(NON-TRANSFERABLE, NON-REFUNDABLE)

Race day is \$40, so register early!

Teams (10 or more members, age 13 and over) 2 5 .0 0

Sleep In - Team Member 2 5 .0 0

Individual Adult (age 13 and over) 3 0 .0 0

Sleep In - Individual Adult 3 0 .0 0

Kids for the Cure® (age 2-12)* 1 0 .0 0

Babies for the Cure™ (Under 2 years of age)* 1 0 .0 0

*PARENT/GUARDIAN SIGNATURE REQUIRED - PLEASE NOTE - EACH CHILD MUST HAVE A SEPARATE ENTRY

Timing Tag 5 .0 0

Donation to fight breast cancer

TOTAL ENCLOSED

Make check payable to:

Komen Southern Nevada Race for the Cure®

CASH CHECK VISA/MC AMEX DISCOVER

CARD NUMBER

EXPIRATION DATE

NAME ON CARD (PLEASE PRINT)



SIGNATURE

I would like to volunteer for the 2011 Race for the Cure®

I would like to be considered for a Committee position for the 2012 Race for the Cure®.

Per the City of Las Vegas and for the safety of all participants, inline skates, scooters, (not including motorized wheelchairs) skateboards, bicycles, tricycles and pets are NOT PERMITTED in this event. Thank you for your cooperation. This event will take place rain or shine. We reserve the right to cancel in extreme circumstances. In the event of a cancellation, no refunds will be issued. Your entry fee will be considered as a donation to the Komen Southern Nevada Race for the Cure®.

RACE DATE

SATURDAY, MAY 7, 2011 / 8:15A.M.
USATF Course Certification # - NV100010DCR

PHOTOGRAPHIC RELEASE: 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 all 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 SOUTHERN NEVADA AFFILIATE OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION D/B/A THE SOUTHERN NEVADA 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 participants, 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 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.]

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.

Participant's Name

SIGNATURE

Parent's or Guardian's Signature if under age 18

Date