Race Registration Form
Komen New Orleans Race for the Cure <sup>®</sup>
Saturday, October 20, 2018 • City Park-
Practice Track Facility on Roosevelt Mall Blvd.

Age:

Race T-Shirt (all entries include t-shirt)

YM

(due to ordering requirements, t-shirts/sizes are not guaranteed)

MED

LG

Entry Fees: One participant per entry form. Check appropriate box. Register online for a \$5 discount at komenneworleans.org

Adult: (13 years and up) For registrants who wish to celebrate

Breast Cancer Survivor/Those Living with Metastatic Breast Cancer: All registered Survivors will receive a pink Race number,

Youth: Kids for the Cure<sup>®</sup> (12 years and under) All registered

Virtual: For individuals who are out of town, work weekends,

or would prefer to "Sleep-in for the Cure." T-shirt will be mailed

children will receive a yellow bib number for participation

in the Kids Dash and entry to the Kids Village

additional pink Survivor t-shirt and a Survivor medallion

XL

YS

SM

with us on Race Day

Add an additional donation

Payment by Credit Card

Payment Information:

Cash

7:00 a.m. Race Day Registration

Team Name (if applicable):

First Name

Last Name

Phone:

Gender

Μ

Youth Size:

Adult Size:

F

Size (circle one):

Email Address:

& Packet Pickup Open

8:00 a.m. Survivor Recognition Program



8:30 a.m. Kids Dash

Date of Birth:

2XL

3XL

Total Amount Enclosed: \$

8:45 a.m. 1 Mile Run/Walk

9:30 a.m. 5K Run/Walk 10:00 am. Stage Presentations





fordcares.com

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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 MI-NOR CHILDREN OR PERSONS OVER WHOM I HAVE GUARDIANSHIP TRAIN-ING FOR, PARTICIPATING IN OR ATTENDING THE EVENT. MINORS UNDER 18 YEARS OF AGE MUST BE ACCOMPANIED BY A PARENT OR GUARDIAN WHO IS ALSO A REGISTERED PARTICIPANT.

## Acknowledgement and Waiver of Liability/Assumption of Risk

In consideration of participation in the Susan G. Komen Race for the Cure. I, for myself and my next of kin, heirs, administrators and executors, waive and release The Susan G. Komen Breast Cancer Foundation, Inc. d/b/a Susan G. Komen ("Komen"), its affiliates (including, but not limited to, Susan G. Komen New Orleans ("Affiliate")). directors, officers, administrators, representatives, past and present employees, volunteers, agents, supervisors, participants, all city and state governments, assigns, vendors, contractors, licensees, their representatives and successors and other persons (collectively, the "Releasees"), from any and all claims, liabilities, actions, demands, expenses, and attorneys' fees arising out of my training for, participation in and/or attendance at this event and my related fundraising activities (collectively, "this event")

I understand that the nature of my activities relating to this event may involve physical activity, contact with unidentified or unfamiliar persons or other potential risk of bodily injury or damage to property and I hereby voluntarily assume full and com-plete responsibility for, and the risk of, any injury (including death), accident or lost/ stolen property which may occur during this event.

I attest that I am medically and physically able to participate in this event. If I experience any doubt as to my ability to successfully and safely participate in and/or complete this event, I take full responsibility for consulting a physician. I consent to emergency medical care and transportation in the event of injury to me as medical professionals may deem appropriate. This Release extends to any liability arising out of or in any way connected with the medical treatment and transportation provided in the event of an emergency, including, but not limited to, negligence emergency rescue operations.

I agree to observe and obey all laws, rules and safety procedures that relate to this event. I agree to (i) abide by any decision of an event official relative to my ability to safely compete in this event; and (ii) exhibit appropriate behavior at all times. Event officials may dismiss me, without refund, should my behavior endanger the safety of or negatively affect this event or any person, facility, or property.

## Image/Recording/Results Release

I give the 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 whatsoever, wherever, and whenever and without compensation (i) any personal statements, photographs, videotapes, audiotapes, and other recordings of me that are made during the course of this event and any original material created by me in connection with this event; and (ii) the results of my participation in this event. Without limiting the forego-ing, I agree that all personal information provided by me in connection with this event may be used by Affiliate in accordance with its privacy policy found at http://komenneworleans.org/about-us/contact-information/privacy-policy-12-30-08/

## Miscellaneous

This Release shall be construed under the laws of Louisiana. In the event any provision of this Release is deemed unenforceable by law, (i) Affiliate 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 all donations made in connection with this event are non-refundable and non-transferable, even if I do not participate in this event. I also understand that the registration fee is non-refundable, non-transferable, and not tax deductible.

Rev. 03/17/2016

After Sept. 4

\$40

\$40

\$30

\$45

Until Sept. 4

\$35

\$35

\$25

\$45

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

Check Number #	Participant's Name (Printed):		
Make checks payable to Susan G. Komen Race for the Cure All entry fees are non-refundable	Signature:		
men <sup>®</sup> New Orleans Affiliate	Parent or Guardian's Signature (Required for participants under 18)		

Susan G. Komen<sup>®</sup> New Orleans Affili 4141 Veterans Blvd. Suite 202 Metairie, La 70002 (504) 455-7310

KomenNewOrleans.org

Date