



# 2017 Registration Form

SATURDAY JUNE 24, 2017

LENOX SQUARE MALL

ATLANTA, GA

Postmark this form by Friday, June 16.

1 Mile: 7:30am | 5K: 8am

www.komenatlanta.org/race

### BEFORE GETTING STARTED...

- You can register online at [www.komenatlanta.org/race](http://www.komenatlanta.org/race). It's fast and easy with our new system!
- Please print clearly and complete ALL sections. ONE person per registration form.

### PARTICIPANT INFORMATION (Please print clearly):

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

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  Female  Male

### 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: \_\_\_\_\_ Team Fundraising Goal: \$ \_\_\_\_\_

(Be **MORE THAN PINK™**! Encourage your team to fundraise and make a direct impact in the fight against breast cancer. We suggest a goal of \$250 per team member.)

### REGISTRATION TYPE (select one):

By 6/18      After 6/18

<input type="radio"/> Adult (ages 13 and up)	\$35	\$40
<input type="radio"/> Survivor	\$35	\$40
<input type="radio"/> Youth (12 and under <i>only</i> )	\$20	\$25
<input type="radio"/> Virtual (For folks who can't make it to Race. Includes t-shirt, medal and mailing.)	\$50	\$50
<input type="radio"/> Optional add-on: Timing Chip	\$5	\$5

Registration Amount: \$ \_\_\_\_\_

### Take the Challenge:

Make your donation today to help the many families in our community that have been impacted by breast cancer.

**\$25** could provide a screening exam to a person in need

**\$71** today in Metro Atlanta, 7 will be diagnosed and 1 will lose their life to breast cancer.

**\$125** may provide a potentially life-saving mammogram

Additional Gift Amount: \$ \_\_\_\_\_

Thank you!

**TOTAL PAYMENT: \$** \_\_\_\_\_

(Total of Registration + Additional Gift)

### Select Your T-shirt Size:

Adult Sizes: S    M    L    XL    2XL    3XL

Youth Sizes: YS    YM    YL

### How much can you raise to end breast cancer?

Your Fundraising Goal: \$ \_\_\_\_\_

**Aim for your personal best** and be **MORE THAN PINK™** in the fight against breast cancer.

### PAYMENT:

Make your check payable to "Susan G. Komen Greater Atlanta" and submit your registration payment with this registration form. Only Additional Gifts will be applied to your fundraising goal. *Note:* Your registration fee, mailing fee, and any self donations are non-refundable and non-transferable.

Send completed form, entry fees and donations to:  
Susan G. Komen Greater Atlanta  
P.O. Box 934048, Atlanta, GA 31193-4048

Call the Komen Atlanta office at (404) 814-0052 with any questions.

Thank you for your support of Komen Atlanta.  
We can't wait to see you at our  
27th Annual Race for the Cure!

### PLEASE READ AND SIGN WAIVER

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, GREATER ATLANTA AFFILIATE OF SUSAN G. KOMEN FOUNDATION D/B/A SUSAN G. KOMEN GREATER ATLANTA 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 RELEASEES 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.

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

Participant's Name \_\_\_\_\_

Signature \_\_\_\_\_

Parent/Guardian's Signature if under 18 years of age \_\_\_\_\_

Date \_\_\_\_\_