



2016 Registration Form

SATURDAY SEPTEMBER 24, 2016

MERCER UNIVERSITY

MACON, GA

Postmark this form by Friday, September 16, 2016

www.komencentralga.org/race

BEFORE GETTING STARTED...

- You can register online at www.komencentralga.org/race. It's fast and easy!
- 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: _____ Age: _____ Gender: Female Male

TEAM AFFILIATION (Please select one):

- Register as an individual (with no team affiliation).
- Join a Team! Team Name: _____ Team Captain's Name: _____
- Start a Team! Your Team's Name: _____ Team Fundraising Goal: \$ _____

(Keep in mind, fundraising is the best way for your team to make the largest impact on ending breast cancer. A recommended goal is \$125 per team member.)

REGISTRATION TYPE (Please select one):

- Adult Runner \$35
- Adult Walker \$30
- Survivor Runner \$20
- Survivor Walker \$15
- Student Runner \$25
- Student Walker \$20
- Children - ages 5 and under Free**
- Sleep In for the Cure* (includes packet mailing) \$40

Registration will be \$5 more per registrant on race day (9/24/16)
*Student Runner and Walkers include participants aged 6-17
**No t-shirt provided for children ages 5 and under

Additional Gift: Honor a loved one with your participation or simply jump-start your fundraising by making a personal donation now!

Here are some suggested amounts:

- \$17** In honor of our 17th year of service in Central Georgia
- \$74** Every 74 seconds someone in the world dies from breast cancer
- \$125** Can help provide a mammogram to someone in need in Central Georgia

Personal Donation Amount: \$ _____

Packet Mailing: Do you want your packet (t-shirt and bib) mailed to you? Registrations must be received by Friday, September 2nd in order for you to qualify for packet mailing.

IMPORTANT NOTE: Everyone not opting in to the \$7 packet mailing is required to pick up their packet during Race Week. (Dates, times, and locations for packet pick-up will be available on our website in August.)

Yes! Add \$7.00

Select Your T-shirt Size: Adult Sizes: S M L XL 2XL 3XL
Youth Sizes: S M L

Survivor/Thriver Recognition: Survivors/Thrivers will receive a pink Race t-shirt and bib.

- Yes! I wish to be recognized as a breast cancer Survivor or Stage IV Thriver.**

Set Your Fundraising Goal: Your registration gets you to the start line, but your fundraising gets us closer to the cures! To reach our goal, we encourage every participant to fundraise.

Your Fundraising Goal: \$ _____

Aim for your personal best.

Whether \$10 or \$10,000, every dollar makes a difference!

PAYMENT: Please submit your registration fee with this registration form. This fee does not apply towards your fundraising goal. **Note:** Your registration fee, mailing fee, and any self donations are non-refundable and non-transferable.

TOTAL PAYMENT: \$ _____

METHOD OF PAYMENT:

- Enclosed check made payable to Central Georgia Race for the Cure
- Cash enclosed

Thank you for your support of Komen Central Georgia. We can't wait to see you at our 17th 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, "RELEASORS"), hereby release and hold harmless and covenant not to file suit against (i) KOMEN, CENTRAL GEORGIA AFFILIATE OF SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC. D/B/A [CENTRAL GEORGIA AFFILIATE OF SUSAN G. KOMEN 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 RELEASORS 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

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Participant's Name _____

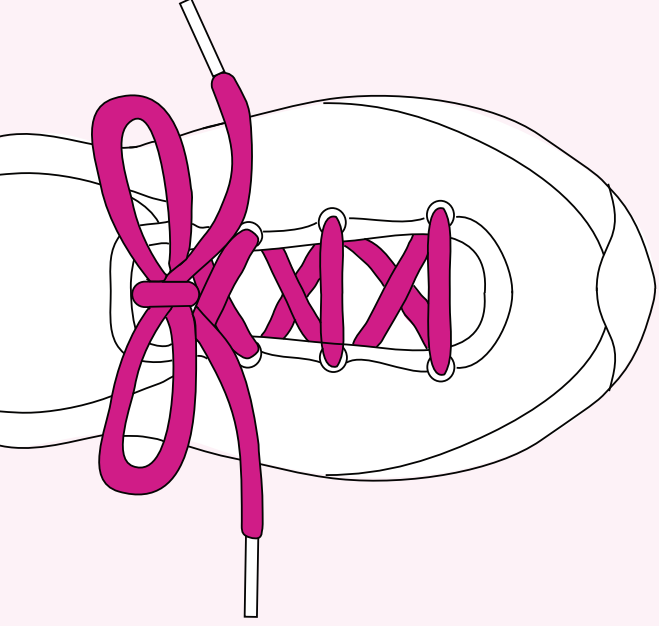
Signature _____

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

Date _____

**Send completed form, entry fees and donations to:
Komen Central Georgia Race for the Cure
277 MLK Jr. Blvd W. Suite 101, Macon, GA, 31201**

Call the Komen Central Georgia office at
(478) 390-4828 with any questions.



Sign Up. Lace Up. Show Up.

TO RUN BREAST CANCER OUT OF TOWN



SATURDAY SEPT. 24, 2016

register at

www.komencentralga.org/race

5K Run/Walk - 9:00am

Mercer University



National Sponsors



SELF

