Official Entry Form
Komen San Diego Race for the Cure®

8 a.m. • Sunday, November 7, 2010 • Balboa Park

Note to Team Captains: This entry form can be duplicated. Use the space "Join Our Team!" to fill in your information prior to distributing entry forms. For "Contact Info" include the best way to reach you (i.e., email address, phone number, cell phone, etc.). Be sure that your team members know the team name, the name of the person they need to turn their forms in to and the name and contact info for their point person should they have questions. Note: Any entry forms received without a team name listed will not be credited to your team.

Save time — Sign up online at www.komensandiego.org!

Participation Type

___ I'm registering as an Individual OR ___ I would like to join a team

Team Name: ___________________________

Team Captain: ___________________________

Mail completed forms to:
Komen Race for the Cure, 6116 Innovation Way, Carlsbad, CA 92009

Team Members:
Turn in this completed form along with payment to the team captain listed in the box to the left by 10/15/10.

Team Captains: Mail completed form(s) w/payment to:
Komen San Diego Race for the Cure®, 6116 Innovation Way, Carlsbad, CA 92009

Questions: Call 760.692.2900 or email info@inmotionevents.com

First Name: ☐☐☐☐☐☐☐☐☐☐☐ Last Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐

M ☐ F ☐ Age on 11/7/10: ☐☐ D.O.B. (mm/dd/yy): ☐☐ / ☐☐ / ☐☐☐☐

Mailing Address: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

City: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ State: ☐☐ Zip Code: ☐☐☐☐☐☐

Phone Number: ☐☐☐ – ☐☐☐ – ☐☐☐☐

Email Address: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

T-Shirt Size (Adult and Children sizes: 100% preshrunk cotton)

Adult size Race T-shirt: ☐ SM ☐ MED ☐ LG ☐ XL ☐ XXL

Youth size Race T-shirt: ☐ 6/8 ☐ 10/12 ☐ 14/16

☐ I'm a breast cancer survivor and wish to receive a T-shirt and hat on Race day provided by Zeta Tau Alpha.

Entry Fees: All entries include T-shirt. **Check appropriate box(es)**

	UNTIL 11/3	RACE DAY
☐ Adult Untimed	$30	$35
☐ Adult Timed	$40	$50
☐ Military with ID Untimed	$25	$30
☐ Military with ID Timed	$35	$45
☐ Children 12 & Under Untimed	$18	$21
☐ Children 12 & Under Timed	$28	$30
☐ Pink Warrior Registration	$250	
☐ Sleep in for the Cure (must register by Friday, October 15)	$35	

Total Enclosed: $

Are you participating in the 3-Day Walk? ☐ Yes ☐ No, Participant Number ______________

Make checks payable to: Komen San Diego Race for the Cure® or charge the fee to a credit card

Credit Card (circle one): VISA Master Card Discover AmEx

Card Number: I__I__I__I__I__I__I__I__I__I__I__I__I__I__I__I__I Expiration Date: I__I__I / I__I__I

______________________________ __________ __________
Cardholder's signature (authorizing charge to credit card) CVS Code Date

RACE WAIVER AND RELEASE (Participant must sign in order to be eligible to participate in Race): I understand that my consent to these provisions is given in consideration of the acceptance of this registration and for being permitted to participate in 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 ASSUME FULL AND COMPLETE RESPONSIBILITY FOR ANY INJURY OR ACCIDENT WHICH MAY OCCUR DURING MY PARTICIPATION IN THIS EVENT OR WHILE ON THE PREMISES OF THIS EVENT, AND I HEREBY RELEASE AND HOLD HARMLESS AND COVENANT NOT TO FILE SUIT AGAINST THE SUSAN G. KOMEN FOR THE CURE, ITS LOCAL AFFILIATES AND ANY AFFILIATED INDIVIDUALS, THE KOMEN SAN DIEGO RACE FOR THE CURE® AND ANY AFFILIATED INDIVIDUALS, ANY RACE SPONSORS AND THEIR AGENTS AND EMPLOYEES, AND ALL OTHER PERSONS OR ENTITIES ASSOCIATED WITH THIS EVENT (THE "RELEASEES") FROM ANY LOSS, LIABILITY OR CLAIMS I MAY HAVE ARISING OUT OF MY PARTICIPATION IN THIS EVENT, INCLUDING PERSONAL INJURY OR DAMAGE SUFFERED BY ME OR OTHERS, WHETHER SAME BE CAUSED BY FALLS, CONTACT WITH PARTICIPANTS, CONDITIONS OF THE COURSE, NEGLIGENCE OF THE RELEASEES OR OTHERWISE. If I do not follow all the rules of this event, I understand that I may be removed from the competition. I give my full permission to Susan G. Komen for the Cure and its local Affiliates and Races and their sponsors and corporate sponsors to use any photographs, videotapes, audiotapes or other recordings of me that are made during the course of this event. I understand that this Waiver and Release may be stored electronically and agree that a copy is authentic and admissible as evidence in any future dispute or proceeding. DRUG TESTING: Participants in this competition may be subject to formal drug testing in accordance with USA T&F rules and IAAF Rule 144. Participants who refuse to be tested or who test positive for banned substances will be disqualified from this event and will be ineligible for future competitions. For the safety of all participants, our insurance company requests that in-line skates and pets not be allowed on the course. This event will occur rain or shine. We reserve the right to cancel in extreme circumstances. If the event is cancelled, there will be no refunds. Your entry fee will be used as a donation to the Susan G. Komen for the Cure, San Diego Affiliate.

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