



**21<sup>st</sup> Annual Komen Detroit Race for the Cure® Saturday, May 26, 2012**  
**SAVE MONEY BY REGISTERING ONLINE at [www.karmanos.org/detroitraceforthecure](http://www.karmanos.org/detroitraceforthecure)**

Please fill out this form completely, **SIGN THE WAIVER BELOW**, and mail along with payment to:  
 Komen Detroit Race for the Cure® (c/o Karmanos Cancer Institute)  
 4100 John R, Mail Code VE01RF; Detroit, MI 48201

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

Gender:  M  F  
 Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 MM DD YYYY

Email: \_\_\_\_\_  
 Day Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_  
 Evening Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Address: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ ZIP: \_\_\_\_\_

5K Run  
 Select Event Type:  5K Walk  
 1 Mile Walk

Packet Mailing Option for additional fee:  
 Mailing request entry form must be postmarked by May 5, 2012.

YES, I would like to have my packet mailed to my home. Fee - \$10, children (5 & under) \$1 (Race bib only)  
 NO, do NOT mail my packet.

Race T-shirt Size:  
 S  M  L  XL  XXL

Would you like to be recognized as a breast cancer survivor by receiving a complimentary pink cap, lapel pin and T-shirt?  
 Yes  
 How many years are you a survivor? \_\_\_\_\_

Is this your first time participating in the Komen Detroit Race for the Cure?  
 Yes  No

For information in Spanish or Arabic, visit the website or call (248) 304-2080.  
**All mailed entries must be postmarked by May 11, 2012.**

**Request for packet mailing (additional fee required) must be postmarked by May 5, 2012.**

**ADULTS:** (18 and older)  
 \$40 through May 25  
 \$50 Race day

**YOUTHS:** (6-17)  
**SENIORS:** (65 & older)  
 \$20 through May 25  
 \$25 Race day

**CHILDREN:** (5 & under)  
 FREE (no t-shirt, Race bib only)  
 Must be registered with signed waiver and must wear Race bib.

**ENTRY FEE:** \_\_\_\_\_  
**MAILING FEE:** \_\_\_\_\_ **\$10 Adults, Youths & Seniors; \$1 Children**  
**Mailing request MUST be postmarked by May 5, 2012.**

**ADDITIONAL DONATION:** \_\_\_\_\_

**TOTAL ENCLOSED:** \_\_\_\_\_ **CHECK #** \_\_\_\_\_

**CREDIT CARD INFORMATION:**

Visa  Master Card  Discover  American Express  
 Account # \_\_\_\_\_  
 Exp. Date: \_\_\_\_/\_\_\_\_  
 MM YY



Make checks payable to: Race for the Cure®. Entry fees are not refundable, transferable or tax-deductible. Parents MUST sign for children under 18.  
**UNSIGNED OR INCOMPLETE ENTRIES WILL NOT BE ACCEPTED.**

**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.**

**PHOTOGRAPHIC AND RESULTS RELEASE** I give my consent and permission to The Susan G. Komen Breast Cancer Foundation, Inc. d/b/a Susan G. Komen for the Cure ("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 or my minor children that are made during the course of this event (the "Event"); and (ii) the results of my or my minor children's participation in this Event (e.g., race time, name, participant number). **WAIVER AND RELEASE OF CLAIMS:** (i) I understand that my consent to these provisions is given in consideration for being permitted to participate in the 2012 Komen Detroit Race for the Cure® on May 26. (ii) I may be removed from this competition if I do not follow all the rules of this Event. (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 THE BARBARA ANN KARMANOS CANCER INSTITUTE, D/B/A SUSAN G. KOMEN DETROIT RACE FOR THE CURE, D/B/A 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 OR MY MINOR CHILDREN ATTENDING THE EVENT MIGHT SUFFER IN CONNECTION WITH MY OR THEIR PARTICIPATION IN THIS EVENT OR WHILE ON THE EVENT PREMISES. THIS RELEASE APPLIES TO ANY AND ALL LOSS, LIABILITY, OR CLAIMS I OR MY RELEASEES MAY HAVE ARISING OUT OF MY OR MY MINOR CHILDREN'S PARTICIPATION, INCLUDING BUT NOT LIMITED TO, IN THIS EVENT OR WHILE ON THE EVENT PREMISES, 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.

\_\_\_\_\_  
**SIGNATURE** (parent or guardian if child is under 18) \_\_\_\_\_ **DATE** \_\_\_\_\_