



Return to: _____ by _____
 (Team Captain) (Date)

21st Annual Komen Detroit Race for the Cure® Saturday, May 26, 2012

ALL PARTICIPANTS MUST BE REGISTERED. NO ACCESS WITHOUT A BIB (RACE NUMBER)

For information in Spanish or Arabic, visit www.karmanos.org/detroitracefortheCure or call (248) 304-2080.

ADULTS: (18 - 64) \$35	YOUTHS: (6-17) SENIORS: (65 & older) \$17	CHILDREN: (5 & under) FREE Must be registered with signed waiver
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TEAM NAME: _____

First Name: _____

Middle Name: _____

Last Name: _____

Gender: M F

Birthdate: ____/____/____
 MM DD YYYY

Email: _____

Day Phone: (____) _____

Evening Phone: (____) _____

Address: _____

Address: _____

City: _____

State: _____

ZIP: _____

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

Packet Mailing Option:

- YES, I would like to have my packet mailed to my home. Fee - \$10, children (5 & under) \$1 (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 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

ENTRY FEE: _____

PER PERSON MAILING FEE: _____ \$10 Adults, Youths & Seniors; \$1 Children

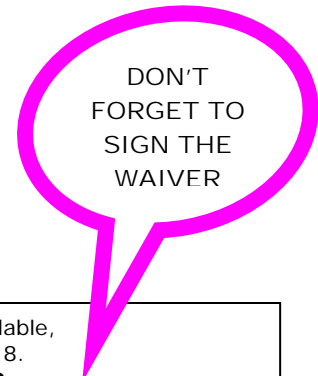
ADDITIONAL DONATION: _____

TOTAL ENCLOSED: _____

PAYMENT INFORMATION:

- Cash Check # _____
 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

**21st ANNUAL KOMEN DETROIT RACE FOR THE CURE
MAY 26, 2012 (COMERICA PARK)
TEAM ROSTER (Manual Entries ONLY) SUBMIT BY April 30, 2012**

Team Name:

Team Captain:

Organization/School:

E-Mail:

Street Address:

Apt/Suite:

City:

State/Province:

Zip Code:

Corporate (pick appropriate size):

TEAM CATEGORY:

5000+ local employees

Community

College/University

501 - 5000 local employees

School s K thru 12

Family-generated

Page ____ of ____

10 - 500 local employees

MAKE SURE ALL ENTRY FORMS SUBMITTED ARE SIGNED!

#	X = Survivor	Last Name	First Name	Phone	T-SHIRTS					REGISTRATION FEES				Donation \$	Total \$	
					(5 & under - no shirt)					Adult \$35.00	Senior \$17.00	Youth \$17.00	Child 5/under \$1.00			Shipping \$10.00/ea
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					(5 & under - no shirt)					Adult	Senior	Youth	Child 5/under			
					S	M	L	XL	XXL	\$35.00	\$17.00	\$17.00	\$1.00			
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		GRAND TOTAL (Last Page)									\$	\$	\$	\$	\$	\$