



PARTICIPANT INFORMATION: Mail completed entry form by April 7, 2010 with a check or money order made payable to: Komen Ozark, PO Box 8940, Fayetteville, AR 72703. If you have registered ONLINE, DO NOT FILL OUT THIS FORM. Team Members: Turn in your entry form to your Team Captain. Entry fees are not tax deductible, transferable, or refundable. Please do not send cash. No confirmation will be sent. **Questions? Please call (479) 521-6500.**

T-shirt Size:	N/A	Y-S	Y-L	S	M	L	XL	2XL	3XL	Team Name:	
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PLEASE PRINT – FILL OUT CLEARLY AND COMPLETELY (one entry per person)

First Name															Last Name															MI	
Address/Number, Street & Apt #															F	M															
City															State	ZIP	Phone # (please include area code)														
Age on April 24															Birthday MM/DD/YYYY		E-Mail Address (for Komen Ozark purposes ONLY, will not be distributed)														

Please check the event below and enter the amount to the right.

- | Event | Amount |
|---|----------------------|
| <input type="checkbox"/> Competitive 5K
<i>Includes registration, chip-timing, and race shirt.</i> | \$25/\$35* _____ |
| <input type="checkbox"/> Race for the Cure 5K
<i>Includes registration and race shirt.</i> | \$20/\$30* _____ |
| <input type="checkbox"/> Family Fun Walk 1K
<i>Includes registration and race shirt</i> | \$20/\$30* _____ |
| <input type="checkbox"/> Youth (12 and under) | \$10/\$20* _____ |
| <input type="checkbox"/> Bark for the Cure
<i>Includes registration and specially designed Bark for the Cure T-shirt</i> | \$20/\$30*/dog _____ |
| <input type="checkbox"/> Sleep in for the Cure | \$25 _____ |
| <input type="checkbox"/> Pasta Party
<i>Includes dinner the night before race day.</i> | \$25 _____ |
| <input type="checkbox"/> Have T-shirt Mailed to You | \$5 _____ |
| <input type="checkbox"/> I would like to be recognized as a breast cancer survivor. | |

Make an impact in the fight against breast cancer by making a pledge. Give \$25, \$50, or give the cost of a mammogram by pledging \$125 and help save a life in our community.

- Yes, I want to make an impact in the fight against breast cancer in the amount of:
 ___\$5 ___\$10 ___\$25 ___\$50 ___\$125
- Yes, my employer will match my donation!

Employer: _____
 Phone Number: _____

*Race Day Registration

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 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 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) that 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 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 AND ITS 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 LOSSES, LIABILITIES, 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.

This Photographic and Results Release and Waiver and Release of Claims (collectively, the "Release") shall be construed under the laws of the District of Columbia. 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.

Participant's Name _____ Date _____

Participant's Signature (or Parent/Guardian, if under 18) _____