



One entrant per form. Photocopies acceptable. Please print clearly.

SUSAN G. KOMEN VIRGINIA BLUE RIDGE RACE FOR THE CURE®

10K (New this Year) • 5K RUN/WALK • 1 MILE FAMILY WALK • 50-Yard Kids Dash

SATURDAY, APRIL 25, 2015 • Reserve Avenue, Roanoke • Site opens at 7AM, RACE BEGINS AT 9AM

REGISTRATION TYPES:

(please select one)

- 5K/1Mile Adult (18 & over) **No timed chip**
- 5K/1Mile Student (ages 5-17) **No timed chip**
- 5K/1Mile Child (ages 4 & under) **No timed chip**
- 5K **Timed chip**
- 5K Student (ages 5-17) **timed chip**
- 10K All ages **timed chip**

	Early Bird REGISTRATION Until 1.31.15	Regular REGISTRATION Until 3.31.15	Late REGISTRATION Until 4.21.15	Race Week REGISTRATION 4.22.15 - 4.25.15
<input type="radio"/> 5K/1Mile Adult (18 & over) No timed chip	\$30	\$35	\$40	\$45
<input type="radio"/> 5K/1Mile Student (ages 5-17) No timed chip	\$20	\$20	\$20	\$20
<input type="radio"/> 5K/1Mile Child (ages 4 & under) No timed chip	FREE	FREE	FREE	FREE
<input type="radio"/> 5K Timed chip	\$35	\$40	\$45	\$50
<input type="radio"/> 5K Student (ages 5-17) timed chip	\$25	\$25	\$25	\$25
<input type="radio"/> 10K All ages timed chip	\$40	\$45	\$50	\$55

Note: Everyone participating MUST be registered to be on our race course. Verification of ages may be requested. "Child" registration does not include a Race t-shirt.

First: _____ Middle Initial: _____ Last: _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Date of Birth: _____ Gender: Male Female

I am a Breast Cancer Survivor. Number of years: _____

If so, would you like to be recognized as a breast cancer survivor by receiving a complimentary pink cap & t-shirt? YES NO

Team Name: _____ Team Captain: _____

Adult T-shirt size (Circle One): S M L XL XXL

Please send me race updates and information about the Virginia Blue Ridge Affiliate of Susan G. Komen®

Make checks payable to: VIRGINIA BLUE RIDGE RACE FOR THE CURE
Mail to: VIRGINIA BLUE RIDGE AFFILIATE SGK, 4910 VALLEY VIEW BLVD, SUITE 212, ROANOKE, VA 24012

PLEASE READ & SIGN BELOW

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) 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, "RELEASEES"), HEREBY RELEASE AND HOLD HARMLESS AND COVENANT NOT TO FILE SUIT AGAINST (i) KOMEN, THE VIRGINIA BLUE RIDGE AFFILIATE 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 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. 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.

Participant's Name _____

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

Date _____

REGISTER ONLINE: www.komenvablueridge.org

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Please note, registrations are non transferable and non refundable.