

2012 KOMEN CONNECTICUT RACE FOR THE CURE® — JUNE 2, 2012
Bushnell Park, Hartford

OFFICIAL REGISTRATION FORM

1 Mail-in registrations must be postmarked by 5/27/12.

Individuals may register online until 5/29/12.
 Photocopies acceptable. **ONE FORM PER PERSON.**

First Name _____ Last Name _____
 Address _____
 City _____ State _____ Zip _____
 Team Name _____
 Email Address _____
 Phone: _____
 Gender _____ DOB (mm/dd/yy) _____

- 2** I am a returning Race participant.
 I am enclosing a donation ONLY, not attending the event.
 I am a breast cancer survivor. _____ Year Diagnosed
 I plan on attending the Survivors' Breakfast.
 Where did you hear about the Race? _____

3 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; (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 WHICH 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, [AFFILIATE CORPORATE NAME] D/B/A [AFFILIATE DBA NAME], 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.

This Photographic Release and Results 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.

4 CHOOSE AN EVENT

5K Race 4K Walk 1.5K Walk Kids' Short Race
 Kids' K Sleep In for the Cure®

5 YOUR T-SHIRT SIZE

ADULT: S M L XL XXL CHILD: S M L

First 5,000 participants to pick-up their registration packets will receive Race t-shirts.

6 SELECT A CATEGORY

Category	Registration Fee	In Person June 1 & 2	Amount Enclosed
Youth (14 & under)	\$10	\$10	
Regular	\$30	\$35	
In the Pink®	\$75	\$75	
Sleep In for the Cure (inc. Shipping)		\$35	
Tribute Flags	\$10	\$10	
5K Race D-tag Timing	\$4	\$4	
In celebration of the Susan G. Komen Connecticut Race for the Cure 18 th Anniversary, I am enclosing a tax deductible donation of:			
<input type="checkbox"/> \$15 <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 \$ _____ other			
Grand Total			

7 PAYMENT METHOD

Please mark one. Do not send cash.

Checks payable to:

Komen Connecticut Race for the Cure

VISA MASTERCARD

| | | | | | | | | | | | | | | | | | | | | |

Exp. Date ____ / ____ Pin # _____ Zip code _____

Signature _____

Total amount enclosed \$ _____ Check # _____

Mail to: **Komen Connecticut Race for the Cure**
74 Batterson Park Road
Farmington, CT 06032

8 SAFETY AND CANCELLATION POLICY

For the safety of all participants, rollerblades and pets are discouraged from participating in this event. Thank you for your cooperation.

This event will occur rain or shine. We reserve the right to cancel in extreme circumstances. In that event, there will be no refunds, rather, your entry fee will be used as a donation to the Komen Connecticut Race for the Cure®.

9 RACE CERTIFICATION

Race Cert. # CT04011PH.

Participant's Name _____ Signature _____
 Date _____ Parent or guardian signature (if registrant is under 18) _____