

**2008 Komen Arkansas Race for the Cure  
Saturday, October 11, 2008**

**REGISTRATION FORM**

Forms must be postmarked by September 26, 2008. Mail to: Komen Race for the Cure®  
P.O. Box 26244  
Little Rock, AR 72221

Only one entry per form. Print clearly and fill in all blanks. Due to liability issues, a form must accompany every entrant regardless of age or level of participation. **RACE ENTRY FORM NOT VALID WITHOUT PARTICIPANT'S SIGNATURE.**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender: Female \_\_\_\_\_ Male \_\_\_\_\_ Daytime Phone (\_\_\_\_) \_\_\_\_\_  
(MM/DD/YY)

Would you like to be recognized as a breast cancer survivor by receiving a complimentary pink cap and T-shirt? \_\_\_\_\_  
(Yes or No)

E-Mail Address \_\_\_\_\_ T-shirt Size: S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ XXL \_\_\_\_\_ XXXL  
(T-shirts are guaranteed only to the first 45,000 Participants. Sizes are not guaranteed.)

**1. CHOOSE ONE EVENT:**

- \_\_\_\_\_ Women's 5K Run/Walk
- \_\_\_\_\_ Will run 5K under 27 min
- \_\_\_\_\_ Papa John's Family Fun Walk/Run
- \_\_\_\_\_ Spirit Runner *(Be a part of the fun if you can't join us.)*
- \_\_\_\_\_ Three Miles of Men *(Participant will receive an official TMM t-shirt.) TMM is an opportunity for fathers, sons, brothers, friends and colleagues to show their support for the runners/walkers by lining the race course and cheering the women on.*

**2. FEES, TICKETS, TRIBUTES, MEMBERSHIP**

- \$ \_\_\_\_\_ Race Registration Entry \$25
- \$ \_\_\_\_\_ Pasta Party Tickets \$20
- \$ \_\_\_\_\_ Pink Postcard Tribute (# \_\_\_\_\_ x \$5)
- \$ \_\_\_\_\_ Because I Care™
- \$ \_\_\_\_\_ Additional Donation
- \$ \_\_\_\_\_ Komen Foundation Membership.  
    \_\_\_ New Member \$35                      \_\_\_ Annual Renewal \$35  
    \_\_\_ Patron Member \$100                \_\_\_ Lifetime Member \$1000
- \$ \_\_\_\_\_ **TOTAL**

**3. SIGNATURE (required)**

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian's Signature if under age 18 \_\_\_\_\_

**2008 RACE WAIVER AND RELEASE**

**WAIVER AND RELEASE OF CLAIMS** I understand that my consent to these provisions is given in consideration of the acceptance of this registration and for being permitted to participate in this event. I am a voluntary participant in this event, and in good physical condition. I know that this event is a potentially hazardous activity and I hereby assume full and complete responsibility for any injury or accident which may occur during my participation in this event or while on the premises of this event, and I hereby release and hold harmless and covenant not to file suit against Susan G. Komen for the cure, its local Affiliates and any affiliated individuals, the Komen Arkansas Race for the cure and any affiliated individuals, any Race sponsors and their agents and employees, and all other persons or entities associated with this event (the "Releasees") from any loss, liability or claims I may have arising out of my participation in this event, including personal injury or damage suffered by me or others, whether same be caused by falls, contact with participants, conditions of the course, negligence of the Releasees or otherwise. If I do not follow all the rules of this event, I understand that I may be removed from the competition. I give my full permission to the Komen Organization and its local Affiliates and Races and their sponsors and corporate sponsors to sue any photographs, videotapes, audiotapes or other recordings of me that are made during the course of the event. I understand that this Waiver and Release may be stored electronically and agree that a copy is authentic and admissible as evidence in any future dispute or proceeding. **PHOTOGRAPHIC RELEASE** I give my full consent and permission to Susan G. Komen for the Cure, its local affiliates and races (as defined below), their sponsors and corporate sponsors, their successors, licensees, and assigns the irrevocable right to use, for any purpose whatsoever and without compensation, any photographs, videotapes, audiotapes, or other recordings of me that are made during the course of this event ("the Event"). This Photographic 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. 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. **FEES** *The registration fee is not payment or consideration for a race t-shirt, supplies of which are limited. T-shirts will be distributed based on size and availability only as long as supplies allow.*

◀ Participant must sign in order to be eligible to participate.

For the safety of all participants, inline skates and pets are discouraged from participating in this event. Thank you for your cooperation. The 5K Komen Arkansas Race for the Cure is USATF certified and sanctioned #191916. 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 Arkansas Race for the Cure. Entry fees are not tax deductible and are not refundable.

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## REGISTRATION FORM

Postcard Form ---

### **SUSAN G. KOMEN ARKANSAS RACE FOR THE CURE® PINK POSTCARD PROGRAM**

A personalized postcard stating that you participated in the personalized posted stating Susan G. Komen Arkansas Race for the Cure® in celebration of a breast cancer survivor or in memory of someone special will be sent. Please clearly print the name and complete address of the person you wish to receive the postcard and the name of the person you are honoring or remembering on the form that follows. Please include a \$5.00 donation for EACH postcard. Postcard forms and fees should be turned in to your Team Captain or mailed to PO Box 26244, Little Rock, AR 72217. This program is sponsored by Wright, Lindsey & Jennings, LLP.

My Name \_\_\_\_\_ Phone Number \_\_\_\_\_

I am participating (check one)  in celebration   in memory 

Of: \_\_\_\_\_



**Please send a special pink postcard to:**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

For each postcard, please enclose \$5.00 (check or money order). For more than one card, please enclose a separate sheet with additional names and addresses. Postcards will be mailed after the Race. Please include amount due on "Race Entry Form".

My Name \_\_\_\_\_ Phone Number \_\_\_\_\_

I am participating (check one)  in celebration   in memory 

Of: \_\_\_\_\_

**Please send a special pink postcard to:**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

For each postcard, please enclose \$5.00 (check or money order). For more than one card, please enclose a separate sheet with additional names and addresses. Postcards will be mailed after the Race. Please include amount due on "Race Entry Form".

We encourage you to duplicate this form for each team member.

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