2016 KOMEN ARKANSAS RACE ENTRY 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 type.

Race entry form not valid without participant's signature!

Komen Arkansas Race for the Cure® P.O. Box 26244 Little Rock, AR 72221

FORMS MUST BE POSTMARKED BY OCTOBER 10, 2016

FOR OFFICIAL USE

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	Your 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 as supplies allow.															ME H	ASES EREU	DER A	RES OF	VEN O	ANTS N BEH	ALL R CONSEI ALF OF OVER EVENT	ME	AND PI	ERMIS:	SIONS ND AL	GIVEN L OF	MY	
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	5K RUN/WALK sponsored by Kroger & KARK \$27															OF T	HE SI	JSAN AFEIL	G KO	MEN AND	BREAS	T CAN	ER	FOUN N. AF	PATION	D/B/	A KON	EB EB	
5K COMPETITIVE RUN Sponsored by Arkansas Children's Hospital \$37															BMPL	EVEL		ANY	EVENT ATEN	SPON	SORS	AND	ENT)	ALL Ó	THE	PERS)NS		
	(Must run 5K in 30 minutes or less. Chip timed. Limited to first 1500)														"RELE	ASEE	N WIT	IR AN	IY IN. PARTIC	JURY	OR D	MAG S RE	ES I LEASE	MIGH	IT SU	FFER	ND QVA		
	2K FAMILY FUN RUN/WALK Sponsored by Chick-fil-A \$27														OF MY PARTICIPATION INCLUDING BUT NOT DIMITED TO PERSONAL INJURY														
	KIDS													\$27		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 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 aim solely responsible for my personal health, safety and Dersonal property. I know that this Event is a potentially hazardous activity and I hereby voluntarily assume full and complete responsibility for, and the nisk of any injury or accident THAI may occur during my participation in this Event (INCLUDING, BUT NOT LIMITED TO, MY FUNDRAISING ACTIVITIES associated with the event) or whole on the Event PREMISES (COLLECTIVELY MY NEIT OF KIN, MY HERS, ADMINISTRATORS, AND EXECUTORS (COLLECTIVELY MY NEIT OF KIN, MY HERS, ADMINISTRATORS, AND EXECUTORS (COLLECTIVELY TELEASORS"), HEREBY RELEASE AND HOLD HARMLESS AND COVENANT NOT TO FILE SUIT AGAINST (I) KOMEN, THE ARKANSAS AFFILIATE OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION DIB/A KOMEN ARKANSAS, AFFILIATE OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION DIB/A KOMEN ARKANSAS, AFFILIATE AND ALL OTHER KOMEN, AFFILIATES AND THEIR RESPECTIVE DIRECTORS, OFFICERS, VOUNTEERS, AGENTS, AND EXECUTORS OR ENTITIES ASSOCIATED WITH THIS EVENT (COLLECTIVELY THE RELEASES") FOR ANY INJURY OR DAMAGES I MIGHT SUFFER IN CONNECTION WITH MY PARTICIPATION. THIS RELEASE APPLIES TO ANY AND ALL OSS, LABILITY OR CLAIMS I OR MY RELEASORS MAY HAVE ARRSING OUT OF MY PARTICIPATION. INCURDING BUT NOT WITH AN ONLY OF OTHER PARTICIPATION. THIS RELEASE APPLIES TO ANY AND ALL OSS, LABILITY OR CLAIMS IS OR MY RELEASORS MAY HAVE ARRSING OUT OF MY PARTICIPATION. THE ACTIONS OF OTHER PARTICIPATION. CONTACT WITH FIXED OR NON-FIXED OBJECTS. CONTACT WITH ANIMALS, CONDITIONS OF THE EVENT PREMISES NEGLIGIBLE AND LABILE FOR ALL ASPECTS. OF MY FUNDRAISING ACTIVITIES. This Photographic and Results Release, and Waiver													
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	CHIL	.DRE	IV OI	NDEF	15 (NO FE	e, No s	Smirt)						γU		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 of Vernee shall have the provision of the revision that event any provision of the event and the event													
2. 1	ГІСКІ	ETS,	TRII	BUTI	ES &	ME	MBE	RSH	IPS							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. The event will													
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PASTA PARTY TICKETS @ \$25 EACH PINK POSTCARD TRIBUTE @ \$5 EACH														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 Susan G. Komen Arkansas Race for the Cure.															
HELP WITH SHIPPING COSTS (OPTIONAL) @ \$5 EACH														conation to the Susan G. Komen Alkansas Race for the Cure.															
ADDITIONAL DONATION (OPTIONAL) \$															* M	OTE	SIG	MAT	URE	19	MAN	ПΔТ	OPV	*					
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Komen Arkansas Race for the Cure® Entry Fees are not tax deductible. Entry fees are non-refundable.