



Participant Information (all fields required)

Name: _____
Email: _____
Street: _____
City, State, Zip: _____
Phone: _____ Receive texts: YES NO
Date of Birth: ____ / ____ / ____
Gender: F / M

Emergency Contact (all fields required)

Name: _____
Phone: _____

T-Shirt Size (please circle one; sizes are not guaranteed)

Adult S M L XL 2XL 3XL

Children (Ages 12 & Under) S M L

Event Participation (please check one)

- \$25 — Survivors
- \$30 — Adult 5K Fun Run/Walk
- \$30 — Adult 1 Mile Health Walk/Fun Run
- \$15 — Youth(Ages 12 & Under)
- \$30 — Virtual Runner

Will you be on a TEAM? YES NO

TEAM name: _____

TEAM captain: _____

Breast Cancer Survivor Recognition

- I would like to be recognized as a Survivor. All Breast Cancer Survivors will receive a Pink Race Bib, Pink Race T-shirt, invitation to the Survivor Celebration & Parade.

Make checks payable to: Komen Acadiana

Please send your completed form, fees and donation to:
P.O. Box 51597
Lafayette, LA 70505

MORE THAN PINK DONORS — SHINE BRIGHTER!

DONATE ABOVE YOUR REGISTRATION FEE AND RECEIVE THE FOLLOWING:

- \$5 **MORE THAN PINK DONOR**
– Pink Ribbon Temporary Tattoo
- \$20 **FIGHT ON DONOR**
– All the above AND
– Breast Cancer Awareness Bracelet
- \$50 **CENLA STAR DONOR**
– All the above AND
– Breast Cancer Awareness Pin
- \$75 **SPRINT FOR THE CURE DONOR**
– All the above AND
– Pink running socks
- \$100 **BRIGHTEN THE SKY DONOR**
– All of the above AND
– Sponsored Gift
- \$20 **TULIP FOR JANICE'S GARDEN**

*Photographic and Results Release / Waiver of Claims (ON BACK)

Participant's Name _____

Signature (Parent/Guardian signature, if under age 18) _____

Date _____

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 Susan G. Komen Race for the Cure®.

For INTERNAL USE ONLY:

Date _____ Amount Paid _____ Cash/Check Number _____ Convio Date _____

*Photographic and Results Release / Waiver 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 ("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, "RELEASORS"), HEREBY RELEASE AND HOLD HARMLESS AND COVENANT NOT TO FILE SUIT AGAINST (I) KOMEN, SUSAN G. KOMEN OF ACADIANA 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 RELEASORS 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 guar-antee 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 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 Race for the Cure®.**

NOTE: Rollerblades and pets are discouraged from participating in this event. Thank you for your cooperation.