

23rd Annual Komen Hawaii Race for the Cure® Entry Form • Sunday, October 15, 2017

**To register online go to www.komenhawaii.org.
One person per registration form, please.
No online registrations after October 10, 2017**

Last Name: _____

First Name: _____ MI: _____

Email: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone: _____ day _____ cell _____

Date of Birth: _____ Gender: F M

Shirt Size: Adult: S M L XL 2X 3X
Youth: S(6-8) M(10-12) L(14-16) XL(18-20)

Breast Cancer Survivor/Surviving/Forever Fighter?

Would you like to be recognized by receiving a complimentary cap and t-shirt?

Type of Entry:

Individual
 Team - Team Name: _____

Team Captain: _____

Entry Category:

5K Run / Walk
 1 Mile Fun Walk
 Hiamoe for the Cure
(sleep-in entry; no race day events)

Participation Type / Entry Fee:

- Regular Registration - Team Member / Individual..... \$ 30.00
postmarked by 10/6/17 or online by 10/10/17
- Na Keiki for the Cure, children ages 5 - 11 \$ 15.00
postmarked by 10/6/17 or online by 10/10/17
- Hiamoe for the Cure \$ 55.00
postmarked by 10/6/17 or online by 10/10/17
- Race Day entry \$ 50.00

Add a tax-deductible donation of \$23.00 (or other amount) to celebrate our 23rd Race Anniversary \$ _____

Total Enclosed: \$ _____

Payment: Check / Money Order Visa Mastercard

Credit Card #: _____

Cardholder Name: _____

Cardholder Signature: _____

Exp. Date: _____ Total on card: \$ _____

Make your check / money order payable to:
Susan G. Komen Hawaii Race for the Cure

Mail completed entry form, fees and donations to:
Komen Hawaii Race for the Cure
P.O. Box 31000
Honolulu, HI 96849-5365

No mail-in entries postmarked after October 6, 2017

**Packet Pick up and OnSite Registration:
Kahala Mall, between Longs and Macy's**

Thursday, October 12 • 3:00 p.m. - 7:00 p.m.
Friday, October 13 • 3:00 p.m. - 7:00 p.m.
Saturday, October 14 • 9:00 a.m. - 1:00 p.m.

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

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, "RELEASORS"), hereby release and hold harmless and covenant not to file suit against (i) KOMEN, THE HAWAII AFFILIATE OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION D/B/A THE HAWAII AFFILIATE OF SUSAN G. KOMEN FOR THE CURE 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 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 Signature _____ date _____

Parent's or Guardian's Signature if under age 18 _____ date _____