

# Race Application

Return entry to your team captain.

Please fill out entire form and sign. Thank you.

## A Tribute to Breast Cancer Survivors

Would you like to be recognized as a breast cancer survivor by receiving a complimentary pink cap and t-shirt? (Check one)

Yes  No

Breast cancer survivors who wish to be recognize will receive a complimentary pink cap and pink t-shirt provided by Zeta Tau Alpha and RE/MAX. We would also like to invite participants to recognize those special people who have been touched by breast cancer. "In Memory of" and "In Celebration of" back signs will be available for all Race participants. The Breast Cancer Survivor Recognition Program is sponsored by Zeta Tau Alpha and RE/MAX.



## NEW! Pink Lot Parking

Survivors presenting a pink Race bib number can park closeby. Arrive at the West end of the wireless Center parking lot by 6:45 a.m. Space is limited and spots will be available on a first come, first serve basis.



Presented by

NATIONAL SERIES SPONSORS



**Saturday, June 13th, 2009**  
i wireless Center, Moline, IL

Register online at [www.komenquadcities.org](http://www.komenquadcities.org)

Pre-Race Activities, Survivor Program . . . . . 7 a.m.

ALL RACES . . . . . 8 a.m.

[Women's/Men's 5K (3.1 miles), 1.2 mile Family Walk/Run]



## Participant Information

(One person per application, please.)

\_\_\_\_\_

Last Name

\_\_\_\_\_

First Name

\_\_\_\_

Age as of 6/13/09 Date of Birth Sex M F

\_\_\_\_\_

Address

\_\_\_\_\_

City

State

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

Zip Code (Area Code) Telephone Number

\_\_\_\_\_

County

\_\_\_\_\_

E-mail address (optional)

## Waiver and Release of Claims

I understand that my consent to these provisions is given in consideration for being permitted to participate in this Event. I further understand that I may be removed from this competition if I do not follow all the rules of 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 voluntarily assume full and complete responsibility for, and the risk of, any injury or accident that may occur during my participation in this Event or while on the premises of this Event. I, for myself, my next of kin, my minor children that attend the Event, my heirs, administrators, and executors, hereby release and hold harmless and covenant not to file suit against The Susan G. Komen Breast Cancer Foundation, Inc. D/B/A Susan G. Komen for the Cure, the Quad Cities Affiliate of the Susan G. Komen Breast Cancer Foundation D/B/A the Quad Cities Affiliate of Susan G. Komen for the Cure, their Affiliates and any affiliated individuals, any Event sponsors and their agents and employees, and all other persons or entities associated with this Event (collectively, the "Releasers") for any injury or damages I might suffer in connection with my participation in this Event or while on the premises of this Event. This release applies to any and all loss, liability, or claims I may have arising out of my participation in this Event, 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 premises of the Event, negligence of the Releasers, risks not known to me or not reasonably foreseeable at this time, or otherwise.

[This release extends to claims and facts unknown and unsuspected to exist at the time of executing this release. All rights under Section 1542 of the California Civil Code are hereby expressly waived with respect to any of the claims, injuries, or damages described in this release. Section 1542 of the California Civil Code reads as follows:

A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor.]

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.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(REQUIRED) (Applicant)

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or Guardian if under 18)

## Race for the Cure®

My Race: (Check one)

5K Run/Walk  1.2 mile Family Walk/Run  
 Sleep In for the Cure®

**New for 2009: We will be a non-timed event. Money previously spent on a timing system will be used to fight breast cancer.**

My T-shirt: (100% pre-shrunk cotton)

Adult: Small Medium Large X-Large

XX-Large XXX-Large

Child: Medium (10-12)

## Fees

5K Run/walk (Non-timed)

Adult Registration \$22 \$ \_\_\_\_\_

Ages 12 and under \$15 (always) \$ \_\_\_\_\_

1.2 Mile Family Walk/run (Non-timed)

Adult Registration \$15 \$ \_\_\_\_\_

Ages 12 and under \$12 (always) \$ \_\_\_\_\_

Sleep In for the Cure®

\$22 \$ \_\_\_\_\_

Donation:

I would like to make a donation of: \$ \_\_\_\_\_

(Race participation not required)

Total Enclosed: \$ \_\_\_\_\_

One person per application please. Photocopies are acceptable. Make checks payable to Komen Q.C. Race for the Cure®.

**There will be no refunds or transfers of registration to another person.**

**ALL APPLICATIONS MUST BE SIGNED.**

Unsigned waivers will not be processed.

