

# REGISTER AND START FUNDRAISING TODAY

## BEFORE GETTING STARTED...

- For fast and secure processing, you may register online at [www.komenlacounty.org/race2010](http://www.komenlacounty.org/race2010).
- Please print clearly and complete all sections.
- One person per registration form.
- All online and mail-in registrations received by March 1, 2010 will have your bib and T-shirt mailed to you FREE! Those whose registrations are received between 3/1 and 3/10 may pick up their materials at the Race.
- Online registration ends at midnight on March 11. In-person registration will be available at the Registration tent on Race Day.

## CONTACT INFORMATION

First: \_\_\_\_\_

Last: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: F M

T-shirt size (Circle One): Adult: S M L XL 2XL

Youth: MED size only (10-12)

## TYPE OF ENTRY

## BEFORE 3/10/10

- Adult \$ 40
- Youth and Senior (under 17 or 60+) \$ 35
- Sleep In For The Cure® \$ 45
- Pink Ribbon Circle \$ 100  
deadline March 1
- \*Team Tailgate Small \$ 150
- \*Team Tailgate Large \$ 250

## ADDITIONAL OPPORTUNITIES

- In-Stadium Kids Fun Run (5-12 years only) \$ 15  
Both child and adult must register to race and both must pay the extra fee.
- Timing Chip (5K Race only) \$ 5
- Add a Tax Deductible Donation \$
- TOTAL \$

\* Team Tailgate requests must be received by March 1. To view a complete list of equipment, please visit [Komenlacounty.org/Race2010](http://Komenlacounty.org/Race2010).

**REGISTER EARLY AND FUNDRAISE!  
ALL RACE DAY REGISTRATIONS WILL BE \$40**

*Registration fees are not tax deductible*

## BREAST CANCER SURVIVOR?

- Yes, I would like to be recognized as a breast cancer survivor by receiving a complimentary pink cap and T-Shirt.

## METHOD OF PAYMENT:

- Enclosed check made payable to:  
**Komen Los Angeles County Race for the Cure**

Mail complete entry form, entry fees and donations to:

Wescom Credit Union

Attn: Marketing Department

PO Box 7058

Pasadena, CA 91101

- Credit/Debit Card

(Please provide additional information below)

Visa/MC/Discover/AMEX Account Number:

Exp. Date: \_\_\_\_\_ / \_\_\_\_\_

Verification Code: \_\_\_\_\_ (3 or 4 digit code printed on card)

Name of Cardholder: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

## FOR OFFICE USE ONLY

Team Code # \_\_\_\_\_

Check # \_\_\_\_\_

Bib # \_\_\_\_\_

Race Course Certification Number — CA09076RS

**PLEASE READ THIS RELEASE CAREFULLY BEFORE YOU SIGN IT. BY SIGNING THIS RELEASE YOU WILL BE WAIVING LEGAL RIGHTS.**

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.

In consideration for allowing me to participate in the above-specified Event to be held at Dodger Stadium on the date specified above, I, for myself and on behalf of my heirs, executors, administrators, next of kin, successors, and assigns, all of whom shall be legally bound by this Release, hereby agree as follows:

1. I acknowledge that I am not required to participate in the Event and that I can withdraw from the Event at any time. My participation is voluntary and solely for my benefit and entertainment. I shall notify Los Angeles Dodgers LLC ("Dodgers") in writing, not less than seventy-two (72) hours prior to the date of the Event, of any reasonable accommodations, auxiliary aids, and/or services, as defined by the Americans with Disabilities Act, that I may require in order to participate in the Event. I hereby acknowledge that the failure to so notify Dodgers will be deemed a representation by me that no such accommodations, auxiliary aids, and/or services will be required by me in order to participate in the Event. I will not be compensated by the Dodgers, The Susan G. Komen Breast Cancer Foundation, Inc. d/b/a Susan G. Komen for the Cure ("Komen"), or The Los Angeles County Chapter of the Susan G. Komen Breast Cancer Foundation d/b/a Los Angeles County Affiliate of Susan G. Komen for the Cure (collectively, "Parties") for participating in the Event. I understand and acknowledge that natural and/or man-made conditions may exist on the surface of the Event and/or in connection with the Event which may present a significant risk of personal injury to me. I further understand and acknowledge that my participation in the Event may require me to engage in strenuous and/or potentially dangerous activities. I am not aware of any reason, medical or otherwise, why I should not participate in the Event, and I am prepared to, and do, hereby accept any and all risks, whether known or unknown to me, of participating in the Event.

2. TO THE FULLEST EXTENT PERMITTED BY LAW, I, FOR MYSELF, MY NEXT OF KIN, MY HEIRS, ADMINISTRATORS, AND EXECUTORS, AGREE TO INDEMNIFY, RELEASE, FOREVER DISCHARGE AND HOLD HARMLESS, AND I COVENANT NOT TO SUE, THE PARTIES and their respective owners,

stockholders, directors, officers, managers, employees, volunteers, Event sponsors and all other persons and entities associated with the Event, agents, representatives, heirs, successors, and assigns, and each and every person acting by, through, under, or in concert with them, or any of them (hereinafter individually and collectively referred to as the "Indemnified Parties"), of and from all manner of action or actions, cause or causes of action, at law or in equity, suits, claims, demands, damages, liability, lost cost or expense, of any nature whatsoever, known or unknown, fixed or contingent (hereinafter referred to as "Claims") which I may have or hereafter have against the Indemnified Parties by reason of any injuries that I may sustain, whether to my person and/or property, as a result of or incident to the Indemnified Parties' negligence (whether active or passive), my participation in the Event, and/or any and all risks assumed by me hereunder.

3. I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THE PROVISIONS OF CALIFORNIA CIVIL CODE SECTION 1542, WHICH PROVIDES AS FOLLOWS:

"A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS OR HER FAVOR AT THE TIME OF EXECUTING THE RELEASE, WHICH IF KNOWN BY HIM OR HER MUST HAVE MATERIALLY AFFECTED HIS OR HER SETTLEMENT WITH THE DEBTOR."

BEING AWARE OF SAID CODE SECTION, I HEREBY EXPRESSLY WAIVE ANY RIGHTS I MAY HAVE THEREUNDER, AS WELL AS UNDER ANY OTHER STATUTES OR COMMON LAW PRINCIPLES OF SIMILAR EFFECT.

4. I agree that if I commence, join in, or in any way seek relief through any action or proceeding arising out of, based upon, or relating to any of the Claims released hereunder, or in any way assert against the Indemnified Parties any of the Claims released hereunder, then I will pay to the Indemnified Parties, in addition to any other damages caused to the Indemnified Parties thereby, all attorneys' fees incurred by the Indemnified Parties in defending or otherwise responding to said action, proceeding, and/or Claims.

5. I give my consent and permission to 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 the Event; and (ii) the results of my participation in this Event (e.g., race time, name, participant number). **I acknowledge and agree that this authorization is intended to satisfy any and all of the consent requirements of California Civil Code sections 3344 and 3344.1, and I hereby waive and release any and all claims that I may have or hereafter have against Komen under those statutes or any other statutes or common law principles of similar effect.**

6. I UNDERSTAND THAT BY SIGNING THIS RELEASE I AM GIVING UP MY LEGAL RIGHT TO SUE THE INDEMNIFIED PARTIES AND/OR TO SEEK COMPENSATION FROM THE INDEMNIFIED PARTIES FOR ANY INJURIES AND/OR DAMAGES THAT I MAY INCUR AS A RESULT OF THE ACTIVE OR PASSIVE NEGLIGENCE OF THE INDEMNIFIED PARTIES, MY PARTICIPATION IN THE EVENT, AND/OR ANY RISKS ASSUMED BY ME HEREUNDER.

7. This Release shall be governed by and construed in accordance with the laws of the State of California. In the event any provision of this Release is deemed unenforceable by law, (i) the Parties 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 HAVE READ THIS RELEASE AND AGREE TO ALL OF ITS TERMS.

Date: \_\_\_\_\_

Participant's Name (Printed):

\_\_\_\_\_

Participant's Signature:

\_\_\_\_\_

Parent's or Guardian's Signature if Participant is Under Age 18:

\_\_\_\_\_