

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 recognized may pick up their 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.



FOR THE **race**
CURE
QUAD CITIES

Presented by



NATIONAL SERIES SPONSORS



SATURDAY, JUNE 14th, 2008

i Wireless Center, Moline, IL

Register online at www.komenquadcities.org

**Pre-Race Activities, Survivor Program,
Kids for the Cure® Activity Area Opens..... 7 a.m.**
ALL RACES..... 8 a.m.
[Women's/Women's 5K (3.1 miles), 1.2 mile Family Walk/Run]
5K Awards Ceremony..... 9:30 a.m.

Local Presenting Sponsors: **GENESIS**
Center for Breast Health



Participant Information

(One person per application, please.)

Last Name _____

First Name _____

Age as of 6/14/08 _____ Sex M F

Address _____

City _____ State _____

Zip Code _____ (Area Code) Telephone Number _____

County _____

E-mail address (optional) _____

RACE WAIVER AND RELEASE

(Participant must sign in order to be eligible to participate in Race):
I understand that my consent to these provisions is given in consideration of the acceptance of this registration and for being permitted to participate in the 2008 Komen Quad Cities Race for the Cure on June 14th, 2008. 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 ASSUME FULL AND COMPLETE RESPONSIBILITY FOR ANY INJURY OR ACCIDENT WHICH MAY OCCUR DURING MY PARTICIPATION IN THIS EVENT OR WHILE ON THE PREMISES OF THIS EVENT, AND I 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, ITS LOCAL AFFILIATES AND ANY AFFILIATED INDIVIDUALS. THE KOMEN QUAD CITIES RACE FOR THE CURE AND ANY AFFILIATED INDIVIDUALS, ANY RACE SPONSORS AND THEIR AGENTS AND EMPLOYEES, AND ALL OTHER PERSONS OR ENTITIES ASSOCIATED WITH THIS EVENT (THE "RELEASEES") FROM ANY LOSS, LIABILITY OR CLAIMS I MAY HAVE ARISING OUT OF MY PARTICIPATION IN THIS EVENT, INCLUDING PERSONAL INJURY OR DAMAGE SUFFERED BY ME OR OTHERS, WHETHER SAME BE CAUSED BY FALLS, CONTACT WITH PARTICIPANTS, CONDITIONS OF THE COURSE, NEGLIGENCE OF THE RELEASEES OR OTHERWISE. If I do not follow all the rules of this event, I understand that I may be removed from the competition. I give my full permission to Komen and its local Affiliates and Races and their sponsors and corporate sponsors to use any photographs, videotapes, audiotapes or other recordings of me that are made during the course of this event. I understand that this Waiver and Release may be stored electronically and agree that a copy is authentic and admissible in any future dispute or proceeding.
DRUG TESTING: Participants in this competition may be subject to formal drug testing in accordance with USA T&E rules and IAAF Rule 144. Participants who refuse to be tested or who test positive for banned substances will be disqualified from this event and will be ineligible for future competitions.

MY RACE: (check one)
 5K Run/Walk 1.2 mile Family Walk/Run
 Sleep In for the Cure®

MY SPEED: (check one)
 Elite runner Fast runner Medium runner Slow runner
 Jog/walker Fast walker Medium walker Slow walker
 Wheelchair participant

TIMING
 No, I do not wish to be timed. A chip will not be included in my Race packet.
 Yes, I want to be timed. Please put a chip in my packet.

MY T-SHIRT: (100 percent pre-shrunk cotton) (circle size)
Adult: Small Medium Large X-Large
XX-Large XXX-Large
Child: Medium (10 - 12)
Kids for the Cure® t-shirt: (for kids ages 12 and under only)
Small Medium Large Adult Small Adult Medium

FEES - 5K RUN/WALK:
(Adult is 16+)
 Adult Registration - \$20
 Ages 13-15 - \$15
 Ages 12 and under* - \$10
*Please check special Kids for the Cure® t-shirt size above

1.2 mile Family Walk/Run (non-timed)
 Adult Registration - \$14
 Ages 13-15 - \$10
 Ages 12 and under* - \$10
*Please check special Kids for the Cure® t-shirt size above

SLEEP IN FOR THE CURE®:
 \$20 (Includes shipping/handling of T-shirt) \$ _____

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.

MAIL TO :
QCA APN/PA Alliance
P O Box 4349
Davenport, IA 52808-4349

Signature _____ Date _____
(REQUIRED) (Applicant)

Signature _____ Date _____
(Parent or Guardian if under 18)