



# Before Getting Started...

- For fast and secure processing, you may register online at KomenLowcountry.org.
- Please print clearly and complete all sections.
- One person per registration form.

### CONTACT INFORMATION

MI:	Last:	
		. Zip:
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for the Cure.	S M L	
	Gender: Adult: s [	MI: Last: State: Gender: 1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (

#### HONOR A LOVED ONE ...

With a Palmetto for Suzy's Garden to be displayed on Race Day.

Palmetto for Suzy's Garden	In Honor Of In Memory Of
Name on Palmetto	

#### **BREAST CANCER SURVIVOR?**



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

# TYPE OF ENTRY

### Individual

**Team** (*Team registration deadline is October 9 at 5 p.m.*)

Team Name: \_\_

Captain's Name: \_\_\_\_

# Phone number: \_\_\_\_

## ENTRY CATEGORY (check one)

	REGULAR	LATE	LAST MINUTE
	( June 1 – Sept. 30 )	( Oct. 1 – Oct. 15 )	( Oct. 17 – Oct. 18 )
5K RUN / WALK UNTIMED	\$33	\$38	\$45
5K RUN / WALK TIMED	\$33	\$38	\$45
1-MILE FUN RUN / WALK	\$33	\$38	\$45
KIDS FOR THE CURE	\$15	\$20	\$25
SLEEP IN FOR THE CURE®	\$35	\$35	\$35
Child 5 or under: doesn't include bib or shirt	\$0	\$0	\$0



race

SUSAN G. KOMEN LOWCOUNTRY AFFILIATE® 5K RUN/WALK • FUN RUN/WALK • KIDS DASH

Register online at KomenLowcountry.org



NATIONAL	SERIES	SPONSORS	

American Airlines 🔪 🥢 Stord

Local Presenting Sponsor

PALMETTO PRIMARY CARE

PHYSICIANS

# **REGISTRATION FORM**

### PAYMENT

Registration \$
Tulip for Suzy's Garden\$15.00
Add a tax deductible donation \$
Total amount enclosed \$

### Method of Payment:

### **Enclosed check made payable to:** Komen Lowcountry Race for the Cure®

Mail complete entry form, entry fees and donations to:



9300 Medical Plaza Drive, Suite F North Charleston, South Carolina 29406

# Friends for the Cure® Pledge Program

With the Power of 10 Challenge, you can help us reach our pledge goal of \$1 million. Simply ask 10 friends to donate \$10 or more! You have joined the Komen Lowcountry Race for the Cure with your registration fee, but please don't stop there! Collect tax-deductible pledges and earn great gifts. Runners, walkers and observers are encouraged to seek tax-deductible donations. **The deadline to be eligible for pledge prizes is November 9, 2014.** 

Race Participant's Name:		
Team Name <i>(if applicable)</i> :		
Address:		
City:	State:	Zip:
Home Phone:		
Email:		

DONOR NAME	DOLLAR Amount	(Optional) <b>COMPANY MATCHING FUNDS</b> (Include Company Form)	MATCHING FUNDS AMOUNT

TOTAL (Donor & Matching Funds):

The Race participant's name must be written in the memo section of each check to be eligible for individual pledge prizes. All individual pledges will count toward your team goal. Donations are tax-deductible. Receipts will be issued for individual contributions of \$250 or more. For contributions less than \$250, a cancelled check serves as a receipt. To be eligible for prizes, donations must be postmarked by November 9, 2014. Send to: Komen Lowcountry Race for the **Cure 9300 Medical Plaza Drive, Suite F, North Charleston, SC 29406.** Pledge forms must be accompanied by checks and/ or cash. All checks should be made payable to the Komen Lowcountry Race for the Cure<sup>®</sup> to be eligible for prizes. Do not mail cash. Whenever possible, please mark "Pledge" on the check's note section. Pledge monies are not a substitute for your entry fee and pledge checks should not include your entry fee. All prizes will be mailed. Please allow 10 to 12 weeks after November 9, 2014 for delivery of all prizes.



PHOTOGRAPHIC & RESULTS RELEASE | WAIVER & 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 KOMEN, THE LOWCOUNTRY AFFILIATE OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION D/B/A THE LOWCOUNTRY 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 Name

Date

Participant's Signature (or Parent/Guardian, if under 18)

FOR ADDITIONAL INFORMATION CALL (843) 556-3343 OR E-MAIL RACE@KOMENLOWCOUNTRY.ORG.

# FOR OFFICE USE ONLY

Cash Check Check # \_\_

# HELPING TO Save more THAN MONEY



# Thanks for joining the Latitude 32 D's Race for a Cure team!

**Stand out from the crowd** and **fit in with the team** in your Latitude 32 D's t-shirt. Proceeds will go to Susan G. Komen Lowcountry in the form of a team donation.

Shirts can be picked up at the race on the day of the event, or at the branch after the race.

Name:					
T-Shirt Size (adult)	$\Box$ Small $\Box$ Medium	🗆 Large	🗆 XLarge	□ XXLarge	
Payment Amount:	□ Team Member (\$7.00) □ Team Supporter (\$20)				
Form of Payment:	<ul> <li>Cash</li> <li>Account Draft (Members only)</li> <li>Member #:</li> </ul>				



843.556.4809 www.latitude32.org