

Ways To Register

REGISTER ONLINE

www.komenie.org

Join your team online! You'll be issued your own web page to raise pledge donations and awareness by e-mailing your friends and family. Everyone can help in the fight against breast cancer!

REGISTER THROUGH YOUR TEAM CAPTAIN

Give this entry form to your team captain by October 6, 2007. Your captain will then register you and your team members in person at the Komen office on October 6, 2007. Be sure to sign your entry form.

REGISTER BY U.S. MAIL

Mail completed entry form, entry fee & pledges to: Komen Inland Empire Race for the Cure®, P.O. Box 1858, Fallbrook, CA 92088-1858. Team entries must be submitted together and postmarked by October 3, 2007 to be a part of a team. Donations and pledges may be brought to the event or mailed before November 2, 2007.

A NOTE FOR TEAM MEMBERS: Your team captain will receive your race number and t-shirt the week prior to the event. Please see your team captain for these items and your meeting place on race morning.

Sleep in for the Cure® registrants will be mailed their t-shirt and gift directly prior to or shortly after the event depending upon date of registration.

Sorry, team registration is unavailable after October 6, 2007.

951-304-9500
www.komenie.org

Additional entry forms are available at:

TEAM MEMBER REGISTRATION DEADLINE: OCTOBER 6, 2007

TEAM ENTRY FORM

You can also register online at www.komenie.org

● Please print and sign. Feel free to make copies of the entry form for friends, family and team members. **One entry form per person.**

● Team entries must be submitted together in one envelope and postmarked by October 3, 2007 or give to your team captain by October 6, 2007. Online registration for team members also closes on October 6, 2007.

● Make checks payable to:
Komen Inland Empire Race for the Cure®

● Mail completed entry form, entry fee & pledges to:
Komen Inland Empire Race for the Cure®
P.O. Box 1858
Fallbrook, CA 92088-1858

FEES AND TIMELINE

START TIME	EVENT	ADULT ENTRY ON OR BEFORE 10/6/07	SENIOR (60+) YOUTH (17 & under) ON OR BEFORE 10/6/07	BREAST CANCER SURVIVOR ON OR BEFORE 10/6/07	AMOUNT ENCLOSED
8:00 am	TIMED 5K RUN	\$27	\$18	\$16	\$ _____
9:00 am	5K FUN RUN/WALK	\$26	\$17	\$15	\$ _____
10:00 am	1 MILE FUN RUN/WALK	\$26	\$17	\$15	\$ _____
sleep in!	SLEEP IN FOR THE CURE® (virtual entry - includes mailed t-shirt & gift)	\$35	\$35	\$20	\$ _____

Donations/pledges are tax deductible. Receipts are issued for individual contributions of \$250 and above upon request. For lesser contributions, a canceled check serves as receipt. Thank you for your support!

PLEDGES ENCLOSED \$ _____

TOTAL AMOUNT ENCLOSED \$ _____

FIRST NAME

LAST NAME

AGE ON RACE DAY SEX DATE OF BIRTH

DAYTIME PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

EMAIL

I am a Breast Cancer Survivor.

T-SHIRT SIZE (available adult sizes listed below)

S M L XL XXL

TEAM CAPTAIN LAST NAME Link
TEAM NAME Fallbrook SDA Women's Ministry

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 2007 Komen Inland Empire Race for the Cure on October 21, 2007. 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 INLAND EMPIRE 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 as evidence in any future dispute or proceeding.

DRUG TESTING: Participants in this competition may be subject to formal drug testing in accordance with USA T&F 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.

X
Signature _____

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

Date _____