

★★★★★ KOMEN NORTH TEXAS RACE REGISTRATION FORM ★★★★★

Please complete a separate registration form for each participant, regardless of age.

PLEASE PRINT:

Last Name: <input style="width: 100%; height: 20px;" type="text"/>	First Name: <input style="width: 100%; height: 20px;" type="text"/>
Address: <input style="width: 100%; height: 20px;" type="text"/>	Phone: <input style="width: 100%; height: 20px;" type="text"/>
City: <input style="width: 100%; height: 20px;" type="text"/>	State: <input style="width: 20px; height: 20px;" type="text"/>
ZIP: <input style="width: 100%; height: 20px;" type="text"/>	Date of birth (mmddyy): <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
	Sex: <input style="width: 20px; height: 20px;" type="text"/>
	Age: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

on 6/3/06

e-mail Address: _____

Short Sleeve T-Shirt Size:

- Youth L
 Adult: S M L X-L XX-L XXX-L
 (T-shirts guaranteed to first 11,000 registrants only)
 I wish to be chip timed (no charge).

Entry Fees (non-refundable):

- | | | |
|--|------|----------|
| <input type="checkbox"/> Early Registration (postmarked by 5/20) | \$25 | \$ _____ |
| <input type="checkbox"/> Late Registration | \$30 | \$ _____ |
| <input type="checkbox"/> Survivor | \$20 | \$ _____ |
| <input type="checkbox"/> 12 and under, and seniors 65 and over | \$12 | \$ _____ |
| <input type="checkbox"/> Pink Ribbons #____ @ \$2 | | \$ _____ |
| In honor or in memory of:
_____ | | |
| Elizabeth's Garden Tulips #____ @ \$10 | | \$ _____ |
| (Please specify wording for tulip on a separate sheet of paper.) | | |
| In the Pink® \$65 (includes entry fee) | | \$ _____ |
| Sleep In for the Cure® \$30 | | \$ _____ |
| Packet Mailing \$6 | | \$ _____ |
| (Guaranteed delivery by Race Day if postmarked by 5/20) | | |
| Additional Contributions | | \$ _____ |
| TOTAL | | \$ _____ |

Register online at race.komennorthtexas.org until May 29.

FOR OFFICE USE ONLY	BIB# _____
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- I am a Breast Cancer Survivor and would like to be recognized by receiving a special survivor Race bib.
 I participated in the North Texas (Plano) Race for the Cure® last year.

Payment information:

Cash Check (check # _____)
 Credit Card MC Visa
 Number _____ Exp. _____
 Three-Digit Security Code _____

This event will occur rain or shine. We reserve the right to cancel in extreme circumstances. In that event, there will be no refunds; your entry fee will be used as a donation to the Komen North Texas Race for the Cure®.

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 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 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., ITS LOCAL AFFILIATES AND ANY AFFILIATED INDIVIDUALS, THE KOMEN NORTH TEXAS 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 the Komen Foundation 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.

SIGNATURE _____

Parent or Guardian _____
Signature required if under age 18

Date _____

This form may be photocopied but not altered. USTAF certification # TX05018ETM

Cut along dotted line

WAYS TO REGISTER

Online registration
race.komennorthtexas.org
 We encourage you to register online with credit card payments via a secure site. Online registration ends at 11 p.m. May 29, 2006.

Mail-in Registration
 Must be postmarked by May 20.
 Send completed and signed registration forms to:
 Individual Registration
 Komen North Texas Race for the Cure®, 7200 Bishop Road, #D-8
 Plano, TX 75024.

Walk-in Registration and Packet Pickup
 Visit us at our packet pick-up location at The Shops at Legacy.
 May 31 10 a.m. – 8 p.m.
 June 1 10 a.m. – 8 p.m.
 June 2 10 a.m. – 2 p.m.
 Or, register Race morning 6:30 – 7:45 a.m. at The Shops at Legacy.

Teaming up for the Cure®
 Groups of 10 or more qualify as a team. Team members get a reduced entry fee (\$22) and receive their t-shirts and bibs two weeks prior to the Race. Visit us online at komennorthtexas.org or call us at 972.378.4808 for more information. Team registrations are due May 4, 2006. Team packet pick-up is May 18–20 or on Race morning in the registration tent.

For the safety of all participants, inline skates, bicycles and pets are discouraged in this event. Thank you for your cooperation.