



Central New Jersey / Susan Komen

PINK RIBBON 5K RUN & 1-MILE HEALTH WALK

Saturday, September 24, 2011

Historic Ferry Slip - 302 Front St—Perth Amboy, NJ

REGISTRATION FORM

Name: _____ Birth Date: _____ Gender: F ___ M ___
Street: _____ City, State, Zip: _____
Phone: _____ Email: _____

Event Participation (check 1)

- \$25—5K Run (3.1 miles)
 \$15—Kids Fun Run (13 & under)
 \$25—Health Walk (1-mile)

Check One

- I am registering as an individual
 I am registering as a Team Member
Team Name _____

Schedule

- 10:00pm—On Site Registration Begins
2:00pm—Aerobic Warm-Up
3:00pm—5 K Run & Fun Run
4:00pm—1-Mile Health Walk

T-Shirt Size

- Adult: ___S ___M ___L ___XL ___2XL ___3XL
Child: ___S ___M ___L

Are you a Survivor (circle one)? Y N

www.njPinkRibbonRun.org

Payment: Make check payable to: Celebrate PA/Komen Run

Mail payment to: Celebrate PA/Komen Run, P.O. Box 1905, Perth Amboy, NJ 08862

RACE WAIVER AND RELEASE

PHOTOGRAPHIC RELEASE

I give my full consent and permission to the City of Perth Amboy, Susan G. Komen for the Cure, its local affiliates and races (as defined below), their sponsors and corporate sponsors, their successors, licenses and assigns the irrevocable right to use, for any purpose whatsoever and without compensation, any photographs, video tapes, audio-tapes, or other recordings of me that are made during the course of this event (the Event”).

WAIVER AND RELEASE OF CLAIMS

I understand that my consent to these provisions is given in consideration for being permitted to participate in this Event. I further understand that I may be removed from this competition if I do not follow all the rules of this Event. I am a voluntary participant in this Event, and in good physical conditions. 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 OR WHILE ON THE PREMISES OF THIS EVENT. I, FOR MYSELF, MY NEXT OF KIN, MY MINOR CHILDREN THAT ATTEND THE EVENT, MY HEIRS, ADMINISTRATORS, AND EXECUTORS, HEREBY RELEASE AND HOLD HARMLESS AND COVENANT NOT TO FILE SUIT AGAINST THE SUSAN G. KOMEN BREAST CANCER FOUNDATION D/B/A SUSAN G. KOMEN FOR THE CURE, THEIR AFFILIATES AND ANY AFFILIATED INDIVIDUALS, ANY EVENT SPONSORS AND THEIR AGENTS AND EMPLOYEES, AND 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 IN THIS EVENT OR WHILE ON THE PREMISES OF THIS EVENT. THIS RELEASE APPLIES TO ANY AND ALL LOSS, LIABILITY, OR CLAIMS I MAY HAVE ARISING OUT OF MY PARTICIPATION IN THIS EVENT, 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 PREMISES OF THE EVENT, NEGLIGENCE OF THE RELEASEES, RISKS NOT OWNED OR NOT REASONABLY FORESEEABLE AT THIS TIME, OR OTHERWISE.

(This release extends to claims and fact unknown and unsuspected to exist at the time of executing this release. All rights under Section 1542 of the California Civil Code are hereby expressly waived with respect to any of the claims, injuries, or damages described in this release. Section 1542 on the California Civil Code reads as follows; A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS FAVOR AT THE TIME OF EXECUTING THE RELEASE, WHICH IF KNOWN BY HIM MUST HAVE MATERIALLY AFFECTED HIS SETTLEMENT WITH THE DEBTOR.)

This Photographic 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. 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 allow by law.

Participant's Name

Participant/Guardian Signature

Date