



Local Presenting Sponsor

Presented by



NATIONAL SERIES SPONSORS



GREATER NASHVILLE

October 4, 2008 • Downtown Nashville

First Name _____ MI _____ Last Name _____
 Address _____ Apt. Number _____
 City _____ State _____ Zip _____
 County _____
 Phone Number _____ E-mail _____
 Date of Birth: _____ Gender: M F
 Are you registering as part of a team? Yes No
 Team Name _____
 Team Captain's Name _____
 Team Category: (For Team Captains Only)
 Corporate Educational Healthcare
 Survivor Led Group/Organization Faith
 Friends and Family

RACE REGISTRATION FEES (Non-refundable and not tax-deductible)

- Individual 5K Walk/Run _____ \$30
- Individual 1 Mile Walk _____ \$30
- Team Participants _____ \$30 per person
- 3 Miles of Men _____ \$30
- Sleep In for the Cure _____ \$30
- Children 6-12 _____ \$15
- Children under 5 _____ FREE Race bib (no t-shirt)

Would you like to be recognized as a breast cancer Survivor? _____ Yes No
 LATE REGISTRATION (09/13-10/4) _____ \$40 Adults \$25 Children 6-12

OPTIONAL FEES:

- Chip Timed Runner _____ \$5
- Co-Survivor Recognition _____ \$5
- Donation _____ \$ _____
- Susan's Garden _____ \$25
(Please fill out section below.)

RACE FEE TOTAL _____ \$ _____

T-SHIRT SIZE: (Adult Sizes Only) S M L XL 2XL 3X

MAKE CHECKS PAYABLE TO:

Komen Greater Nashville RFTC

MAIL TO:

2131 Bandywood Drive, Suite 200
 Nashville, TN 37215

CONTACT US:

615-383-0017
 race@komen-nashville.org

SUSAN'S GARDEN (Optional - \$25 additional charge. See above.)

A downloadable form is also online: www.komen-nashville.org

In Honor of: or In Memory of: _____

Optional personalized message (please print) 10 words or less:

From: (you and/or your team's name) _____

PHOTOGRAPHIC RELEASE: I give my full consent and permission to Susan G. Komen for the Cure, its local affiliates and races (as defined below), their sponsors and corporate sponsors, their successors, licensees, and assigns the irrevocable right to use, for any purpose whatsoever and without compensation, any photographs, videotapes, audiotapes, 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 condition. 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, INC. D/B/A SUSAN G. KOMEN FOR THE CURE, THE GREATER NASHVILLE AFFILIATE OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION D/B/A THE GREATER NASHVILLE AFFILIATE OF 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 KNOWN TO ME OR NOT REASONABLY FORESEEABLE AT THIS TIME, OR OTHERWISE.

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 allowed by law.

Signature Required

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