

NEW JERSEY RACE FOR THE CURE[®]

Sunday, October 5, 2008
Six Flags Great Adventure, Jackson, NJ

PRINTABLE REGISTRATION FORM

Name: _____

Street: _____

City, State, Zip: _____

Phone: _____ Email: _____

Birth Date: _____ Age on Race Day: _____ Gender: F ___ M ___

Event Participation (Check Only One)

- \$28 - 5K RUN (3.1 miles)
- \$28 - 4K Walk (2.5 miles) and
1 Mile Walk (same starting line)
- \$28 - Sleep In for the Cure
- \$15 - Children's Fun Runs (Age 10 & Under)

Check One

- I am registering as an **Individual**
- I am registering as a **Team Member**

Team Name: _____

Team Site (For Large Teams Only): _____

Schedule

7:00 am – 9:30 am Registration begins (registration tent)
8:00 am Aerobic Warm-Up
8:15 am Women's and Men's 5K Run (3.1 miles)
THERE WILL BE SEPARATE MEN'S AND
WOMEN'S FINISH LINES
9:15 am Survivor Program at Main Stage
9:25 am Survivor Photo
9:30 am Award/Program at Main Stage
10:00 am Co-Ed 4K Health Walk and 1 Mile Walk
11:30 am Children's Fun Runs (Age 10 & under)

Water stations and mile clocks are provided.
Course is USATF certified. # NJ07002DB

Are you a survivor (circle)? YES NO

Are you a wheelchair participant (circle)? YES NO

2008 RACE WAIVER AND RELEASE

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 CENTRAL AND SOUTH JERSEY AFFILIATE OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION D/B/A THE CENTRAL AND SOUTH JERSEY 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 release extends to claims and facts 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 of 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 allowed by law.

Participant's Name

SIGNATURE

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

Date

**Check or money order made payable to: Komen NJ Race for the Cure
Two Princess Road, Suite D
Lawrenceville, NJ 08648**

If you are on a TEAM, give your registration form to your Team Captain.

**For additional event information, log onto www.komencsnj.org and click the Race registration link.
Questions? Call (609) 896-1203 or email race@komencsnj.org.**