MAIL FORM TO KOMEN PITTSBURGH RACE FOR THE CURE, 1133 S. BRADDOCK AVE. PITTSBURGH, PA 15218. MUST BE POSTMARKED BY APRIL 18.

Only one person per entry.

☐ I am a PNC employee.

First Name: MI: Last Name: Date of Birth: Month / Day / Year

Address: Apt/Suite # Male Female Age on Race Day

City: State: Zip: County:

Phone: E-mail:

1. WOULD YOU LIKE TO BE RECOGNIZED AS A BREAST CANCER SURVIVOR BY RECEIVING A COMPLIMENTARY PINK CAP AND T-SHIRT?

☐ Yes ☐ No

2. SELECT YOUR SHIRT SIZE

Child: ☐ M (10-12) **Adult:** ☐ S ☐ M ☐ L ☐ XL ☐ 2XL ☐ 3XL (limited quantity)

Registration fee includes T-shirt for first 32,000 participants. We do our best to accommodate sizes but cannot guarantee requests.

3. CHOOSE AN EVENT

☐ Untimed events (5K walk/run and 1-mile fun walk)

☐ 5K chip-timed run

☐ Sleep In for the Cure (Please note: Will receive night shirt instead of Race t-shirt. One size fits most. First 750 registrants.) **Breast cancer survivors**: If registering for Sleep In for the Cure, please indicate survivor shirt size above.

4. SELECT RACE T-SHIRT PICK-UP LOCATION

☐ **Mail my shirt!** (Additional fee required. See #6)

May 5 and May 6

☐ Monroeville Mall ☐ South Hills Village ☐ The Mall at Robinson

☐ Ross Park Mall ☐ Streets of Cranberry

May 7

☐ University of Pittsburgh, Posvar Hall

5. ARE YOU REGISTERING AS A MEMBER OF A TEAM?

☐ Team _____

Team Name

6. REGISTRATION FEE

☐ $15 Breast cancer survivor, any event

☐ $25 Adult 15+, untimed event

☐ $30 Adult 15+, 5K chip-timed run

☐ $15 Youth 14 & under, untimed event

☐ $20 Youth 14 & under, 5K chip-timed run

☐ $10 Babies for the Cure (baby bib instead of Race t-shirt)

☐ $35 Sleep In for the Cure

☐ $250 Doctors for the Cure

☐ **$5 Mail my shirt!**

7. MAKE A DONATION IN HONOR OF OUR 20TH ANNIVERSARY (Tax-deductible)

☐ $75 ☐ $100 ☐ Other amount $_____

(Approximate cost of a mammogram is $100)

8. TOTAL PAYMENT $_____

9. PAYMENT

☐ Check (Made payable to Komen Pittsburgh)

☐ Credit Card ☐ VISA ☐ MasterCard

Credit Card Number: _____

Expiration Date: _____

Name of Card Holder:_____

Signature: _____

10. ☐ Yes, I've registered for all 20 Komen Pittsburgh Races!

2012 RACE WAIVER AND RELEASE

PHOTOGRAPHIC AND RESULTS RELEASE AND WAIVER AND RELEASE OF CLAIMS I AGREE THAT ANY AND ALL REPRESENTATIONS MADE AND RELEASES, WAIVERS, COVENANTS, CONSENTS AND PERMISSIONS GIVEN BY ME HEREUNDER ARE GIVEN ON BEHALF OF ME AND ANY AND ALL OF MY MINOR CHILDREN OR PERSONS OVER WHOM I HAVE GUARDIANSHIP PARTICIPATING IN OR ATTENDING THE EVENT. I give my consent and permission to The Susan G. Komen Breast Cancer Foundation, Inc. d/b/a Susan G. Komen for the Cure ("Komen"), its affiliates and races, their sponsors and corporate sponsors, their successors, licensees, and assigns the irrevocable right to use, for any purpose whatsoever and without compensation, (i) any photographs, videotapes, audiotapes, or other recordings of me that are made during the course of this event (the "Event"); and (ii) the results of my participation in this Event (e.g., race time, name, participant number). I understand that (i) my consent to these provisions is given in consideration for being permitted to participate in this Event; (ii) I may be removed from this competition if I do not follow all the rules of this Event; and (iii) I am a voluntary participant in this Event. I am in good physical condition and am solely responsible for my personal health, safety and personal property. 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 (INCLUDING, BUT NOT LIMITED TO, MY FUNDRAISING ACTVITIES associated with the event) or while **on the EVENT premises (COLLECTIVELY, "MY PARTICIPATION"). TO THE FULLEST EXTENT OF THE LAW, I, for myself, my next of kin, my heirs, administrators, and executors (COLLECTIVELY, "RELEASORS"), hereby release and hold harmless and covenant not to file suit against (i) KOMEN, Susan G. Komen Breast Cancer Foundation Pittsburgh D/B/A PITTSBURGH AFFILIATE OF SUSAN G. KOMEN FOR THE CURE AND ALL OTHER KOMEN Affiliates and THEIR RESPECTIVE DIRECTORS, OFFICERS, VOLUNTEERS, AGENTS AND EMPLOYEES; (ii) any Event sponsors; and (iii) all other persons or entities associated with this Event (collectively, the "Releases") for any injury or damages I might suffer in connection with my participation. This release applies to any and all loss, liability, or claims I OR MY RELEASORS may have arising out of my participation, 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 EVENT premises, negligence of the Releasees, risks not known to me or not reasonably foreseeable at this time, or otherwise. I understand that I am solely responsible and liable for all aspects of MY fundraising activities associated with my participation, including, but not limited to, the safe and lawful conduct of any fundraising activities.** This Photographic and Results 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. In the event any provision of this Release is deemed unenforceable by law, (i) Komen shall have the right to modify such provision to the extent necessary to be deemed enforceable; and (ii) all other provisions of this Release shall remain in full force and effect. 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 Date

Parent or guardian signature (IF PARTICIPANT IS UNDER AGE 18) Date

RELEASE MUST BE SIGNED TO PARTICIPATE