PAINT THE PARK PINK

Susan G. Komen OZARK

Official Registration Form
10th Annual Paint the Park Pink Family Fun Walk
Saturday, October 7, 2017
Survivor Breakfast: 7:45 AM to 9:30 PM
Walk: 10:00AM
The University of Arkansas - Fort Smith Campus
komenozark.org

Participants' information: Mail completed entry form by September 29, 2017 with a check or money order made payable to: Komen Ozark, PO Box 11212, Fort Smith, AR 72917. If you have registered ONLINE, DO NOT FILL OUT THIS FORM. Team Members: Turn in your entry form to your Team Captain. Entry fees are not tax deductible, transferable. or refundable. Please do not send cash. No Confirmation will be sent. Questions? Call: (479)430-4365 or email: info@komenozark.org

__Breast Cancer Survivor? Yes, I would like to be recognized by receiving a pink t-shirt and attend the survivor breakfast with my registered guest.

TEAM NAME	

T-SHIRT SIZE	YOUTH SMALL	YOUTH MED	YOUTH LARGE	ADULT SMALL	ADULT MED	ADULT LARGE	ADULT X LARGE	ADULT 2X LARGE	ADULT 3X LARGE

PLEASE PRINT: Fill out clearly and completely (one form per person).

First Name Last Name

Address/Number, Street, Apartment Number Gender: M F

City State Zip Code Area Code- Phone Number

Age Birthdate Email Address

ENTRY CATEGORY

Breast Cancer Survivor	$20
Adult Walk Participant	$20
Child Walk Participant *(ages 12 and under)	$10
* Student Walk Participant *(18 and under with student I.D.)	$15
T-Shirt Mailed to You per shirt /	$ 5

OTHER WAYS THAT YOU CAN HELP

___$100 could help provide a mammogram for someone who can't afford one.
__$25 could help a patient get to a treatment appointment.
Honor Flags qty_____X per flag/ $5
honor someone affected by breast cancer
names:_____/_____
names:_____/_____
TOTAL: $_____

PHOTOGRAPHIC 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 ("Komen"), its affiliates, 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").

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 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, [AFFILIATE CORPORATE NAME] D/B/A [AFFILIATE DBA NAME], 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 "Releasees") 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.

[NOTE: the following language shall only be included in the waiver if the event is held in California: 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. 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.

Signature Date

_____

PAYMENT METHODS

Check (payable to Komen Ozark)
Mastercard Visa
Card Name:_____
Card Number:_____
Signature Date

_____

Parent or guardian signature Date
(if applicant is under 18 years old)