

INDIVIDUAL REGISTRATION FORM

SUSAN G. KOMEN BAHAMAS RACE FOR THE CURE® 5K

January 13, 2018
 Montagu Beach, 7:00am

Check the event you are entering. Entry fee is NON-REFUNDABLE and NON-TRANSFERABLE.

	To 12/8	To 1/9	To 1/12	Race Day	\$BAH/US Only
<input type="checkbox"/> 5K	\$30.00	\$35.00	\$40.00	\$45.00	\$ _____
<input type="checkbox"/> Child Under 12	\$15.00	\$20.00	\$25.00	\$30.00	\$ _____
<input type="checkbox"/> I would like to be recognized as a breast cancer survivor and receive a Pink T-shirt.					
Online registration closes January 9, 2018 at midnight.				Total enclosed :	\$ _____

In order to compete, you must be in good health and physically prepared to take on the challenge of the event you register for. You must wear an official race number.

INFORMATION

Last Name: _____ First Name: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Country: _____ Citizenship: _____ Sex: M F Date of Birth: ____/____/____ (MM/DD/YYYY)
 Age on 1/13/2018 _____ E-mail Address: _____
 T- Shirt Size: S M L XL XXL (Circle One) Home Phone Number: () _____ Cell Phone Number: () _____

DONATION

Would you like to donate additional funds to the Cause?
 \$10 \$20 \$30 \$40 \$50
 Please include with your registration.

WAIVER REQUIRED

I understand that participating in this event is potentially hazardous and I should not enter or participate unless I am physically able and properly trained. In consideration of the acceptance of my entry, I hereby assume full responsibility for the risk of any injury or accident, recognizing the potential for serious physical trauma, injury or death, and I elect to voluntarily compete in the event knowing and assuming such risks. I, for myself and my heirs and executors, hereby release and forever discharge Sunshine Insurance, Marathon Bahamas, The Bahamas, Susan G. Komen Race for the Cure® and other persons or entities associated with the Marathon, Half Marathon, Relay or 5K Race and each of their respective employees, agents, volunteers, representatives and affiliates, from all liabilities, claims, actions or damages that I may have against them arising out of or in any way connected with my participation in the event. I grant permission to each of the foregoing to use my name, photographs, videotapes, motion pictures, and other media of any kind or any other record of the event for any legitimate purpose including promotional efforts of any kind, without compensation to me. I acknowledge that the entry fee is non-refundable and non-transferable. I grant to the Medical Director of the Events, and its agents, affiliates, and designees access to all medical records (and physicians) as needed and authorize medical treatment as needed. I acknowledge that the event organizers have the right to alter, change, cancel and/or postpone the event in their sole discretion. I warrant that all statements made in this release agreement are true and correct and I understand that the release have relied on them in allowing me to participate in the event. **I HAVE READ THE FOREGOING, UNDERSTAND ITS CONTENTS AND INTENTIONALLY AND VOLUNTARILY CERTIFY COMPLIANCE BY ACCEPTING THIS WAIVER.**

IF THE PARTICIPANT IS UNDER THE AGE OF 18, I, as the parent or guardian for the above named minor give my permission for my child or ward to participate in the event, and further agree individually on behalf of my child or ward, to the terms above. I further certify that my child/ward is in good physical condition and is able to safely participate in the event. I hereby authorize medical treatment for him/her and grant access to my child/ward's

 Signature of Applicant

 Signature of Parent/ Legal Guardian (if under 18)

 Date