Registration/Race Waiver

Bosom Buddies
2011

Name:_____

Address:_____

City_____ State_____

Zip:_____

Email:_____ Phone:(____)_____

I am walking _____ I can't walk/I am donating _____

I am a survivor _____

T-shirt size ($25 minimum donation): S____ M____ L____ XL____ XXL____ XXXL____

Checks Payable to: **Susan G. Komen for the Cure – St. Louis Affiliate**
Check enclosed ____ OR
Give us your Credit Card (Visa/MC/Discover) info and we can process through Susan G. Komen for the Cure – St. Louis Affiliate
(Name as it appears on Card_____
Credit Card #_____ Exp. Date____/____ CVS Code_____
Mo. Yr.

Send form and check or credit card info to:
Linda Lenhardt•5644 Sky Hill Dr.•St. Louis, MO 63129
E-mail questions to Linda Lenhardt: **ljl1017@sbcglobal.net**

*Only persons donating a minimum $25 and with a postmarked registration dated by **August 22** will be guaranteed a Bosom Buddies t-shirt on walk morning. If your registration is postmarked after August 22, please include $5.00 for delivery of your t-shirt or indicate your desire to pick up.*
IF postmarked after August 23, check one:
____*Contact me when ready, I will pick up* ____*$5 included, please deliver to above address*

Sponsor List

Name	Address	Amount
Self	See above	
		Total:

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 understand that my consent to these provisions is given in consideration of the acceptance of this registration and for being permitted to participate in 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 assume full and complete responsibility for any injury or accident which may occur during my participation in this event or while on the premises of this event, and I hereby release and hold harmless and covenant not to file suit against Susan G. Komen For the Cure, its local affiliates and any affiliated individuals, Susan G. Komen Race For The Cure and any affiliated individuals, any race sponsors and their agents and employees, and all other persons or entities associated with this event (The "Releasees") from any loss, liability, damage, or claims I may have arising out of my participation in this event, including personal injury or damage suffered by me or others, whether same be caused by falls, contact with other participants, conditions of the course, negligence of the releasees or otherwise. If I do not follow all the rules of this event, I understand that I may be removed from the competition. I give my full permission to Susan G. Komen for the Cure and its local affiliates and races and their sponsors and corporate partners to use any photographs, videotapes, or other recordings of me that are made during the course of this event.

_____
Signature

_____
Signature of parent or guardian if under 18