Team FPL Registration Form

1. All participants must fill out the entire bottom portion of this form, sign it and return it to FPL-WELL(FIT/GO) with payment.
2. Each individual is encouraged to collect pledges from their friends, family and co-workers (see separate Pledge Form).
3. Survivors need to register and will receive a pink survivor hat and T-shirt. They are also invited to a special breakfast at the Survivor Tent.
4. Turn in your entry fee, pledge checks, and the bottom of this registration form to your team captain.
5. **Team Captain:** Fill out the team tracking form and turn it in with individual release forms, registration payment and pledges by October 10th to: FootWorks, 5724 Sunset Drive, S. Miami, FL 33143

Susan G. Komen Race for the Cure

PLEASE PRINT CLEARLY

Your Information

Official Use Only

Last Name

First Name

Date of Birth

Month / Day / Year

Street Address: 9250 W FLAGLER ST

Age

Zip Code: 33174 City: MIAMI State: FL

Area Code - Phone Number -

☐ **Would you like to be recognized as a breast cancer survivor by receiving a comlimentary pink cap and t-shirt?**

Sex ☐ M ☐ F

Race T-Shirt Size ☐ S ☐ M ☐ L ☐ XL ☐ XXL ☐ 3XL

FPL T-Shirt Size ☐ S ☐ M ☐ L ☐ XL ☐ XXL ☐ 3XL

Team Name: TEAMFPL

FPLMailstop

Business Unit

☐ Employee ☐ Spouse ☐ Dependent ☐ Employee Friend

If non-employee name of FPL contact

Company team captain: Katie Foster

(FIT/GO) 305-552-4880

☐ $25, thru Oct. 12 + **$** _____ = **Total $** _____

Optional Donation

Select Event

☐ 5K Walk ☐ 5K Run ☐ Mile Fun Walk ☐ Tot Run ☐ Sleep In

Make checks payable to KOMEN RACE FOR THE CURE

Mail entry form and payment to: Susan G. Komen for the Cure,
PO Box 551027, Tampa FL 33655-1027
(305) 666-RACE • www.komenmiaftl.org

RACE WAIVER AND RELEASE - SIGNATURE REQUIRED BELOW

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 THE SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC., ITS LOCAL AFFILIATES AND ANY AFFILIATED INDIVIDUALS, THE KOMEN MIAMI/FT. LAUDERDALE RACE FOR THE CURE® AND ANY AFFILIATED INDIVIDUALS, ANY RACE SPONSORS AND THEIR AGENTS AND EMPLOYEES, TEAMFOOTWORKS AND ALL OTHER PERSONS OR ENTITIES ASSOCIATED WITH THIS EVENT (THE "RELEASEES") FROM ANY LOSS, LIABILITY 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 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 the Komen Foundation and its local Affiliates and Races and their sponsors and corporate sponsors to use any photographs, videotapes, audiotapes or other recordings of me that are made during the course of this event. I understand that this Waiver and Release may be stored electronically and agree that a copy is authentic and admissible as evidence in any future dispute or proceeding.

X _____

Signature (Required) Parent or Guardian's Signature if under age 18

☐ **Please contact me: I want to be a local Komen affiliate volunteer**

Your E-Mail Address

4644145897772