Teams

Families, friends, clubs, corporations and schools may enter as a team with five or more people. School team registration entries must be received by 4 p.m. on Sept. 28, 2006. Community team registration entries must be received by noon on Sept. 22, 2006. Each member must fill out a race entry form, and the team captain must submit all registration forms together. To receive team entry forms contact the Race Hotline at (843) 556-3343. Please don't forget the pledge program!

Benefits of a Team:

- Team captain distributes all team race packets.
- Recognition for three largest community, corporate and school teams.
- Publicize support by wearing corporation or school logo.

For team information: call (843) 556-3343.

Official Timing

Participants have the opportunity to be timed. Please check if you wish to be timed or untimed on the registration form. If you wish to be timed, the Komen Charleston Race for the Cure® will provide your timing chip on race day to be attached to your shoelace. Participants who do not return their chps after the race will be assessed a $30 fee. *We apologize for any inconvenience; however, participants cannot bring their own timing chips.*

Celebrate Survivors

Breast cancer survivors who wish to be recognized may pick up their complementary pink cap and pink T-shirt provided by Zeta Tau Alpha and RE/MAX. We would also like to invite participants to recognize those special people who have been touched by breast cancer. "In Memory of" and "In Celebration of" back signs will be available for all race participants. The Breast Cancer Survivor Recognition Program is co-sponsored by Zeta Tau Alpha and RE/MAX.

Friends for the Cure® Pledge Program • PLEDGE PROGRAM • PLEDGE PROGRAM •

Help us reach our goal of at least $100 per runner! Go the extra mile. You have joined the Komen Charleston Race for the Cure® with your registration fee, but please don't stop there. Collect tax-deductible pledges and earn great gifts. Runners, walkers and observers are encouraged to seek tax-deductible donations.

Runner/Walker

Team Affiliation

Home Address

City **State** **ZIP**

Day Phone

Evening Phone

E-mail Address

All checks should be payable to: Komen Charleston Race for the Cure®

Sponsors Name	$50	$35	$25	$10	Other
			Total Dollar Amount Enclosed:		$

Prizes:

Friend Level: Earn $50 in pledges for a "FRIEND" – Pink ribbon rhinestone pin
Race Level: Collect $100 in pledges and help us "RACE" closer to a cure for breast cancer – Race for the Cure® hat.
Promise Level: Earn $300 in pledges and keep the "PROMISE" that we're dedicated and committed to finding a cure – Race for the Cure® tote bag
Hope Level: Collect $500 in pledges and keep the "HOPE" for a cure alive – Certificate for one free pair of New Balance shoes.
Cure Level: The top pledges that reach $1000 or more show they're confident a "CURE" is near.
Grand Prize: Awarded to the top individual raising the most contributions through the pledge program (minimum of $1000 required for the grand prize). Top fundraiser will receive the opportunity to recognize an individual in their life who has battled breast cancer. This individual will be able to include their "In Memory of" or "In Honor of" recognition on the back of the 2006 race T-shirts.

(Awards are non-cumulative. We reserve the right to substitute prizes of equal or greater value.)

Donations are tax-deductible. The taxpayer ID of the Lowcountry Affiliate of the Susan G. Komen Breast Cancer Foundation is 75-2844655. Receipts will be issued for individual contributions of $250 or more. For contributions less than $250, a cancelled check serves as a receipt. To be eligible for gifts, donations must be postmarked by October 20, 2006. Send to: Komen Charleston Race for the Cure® P.O. Box 20637 Charleston, SC 29413-0637. Hand Deliver to: Komen Charleston Race for the Cure® Office 1930 Charlie Hall Boulevard, Charleston, SC 29414.

Pledge form(s) must be accompanied by check for any cash donations and all checks are payable to the Komen Charleston Race for the Cure® to be eligible for prizes. Do not mail cash. Whenever possible, please mark "PLEDGE" on the check's note section. Pledge monies are not a substitute for your entry fee; pledge checks should not include your entry fee. All prizes will be mailed. Please allow 10 to 12 weeks after race day for delivery of all pledge awards.

Komen Charleston Race for the Cure® REGISTRATION FORM • REGISTRATION FORM • REGISTRATION FORM • REGISTRATION FORM •

Saturday, October 21, 2006

❍ I am a breast cancer survivor

Last Name _____ First Name _____

Street Address _____

City _____ State ____ ZIP _____ — _____

Day Phone _____ E-mail _____

Sex M F Age on Race Day ___ Date of Birth __ — __ — __

One application per person please! *(Blank application may be copied.) Application not accepted without proper signature and registration fee.*

❍ 5K Co-Ed Run / Walk ❍ Timed ❍ Not timed
❍ 1-Mile Family Run / Walk
❍ Sleep in for the Cure™

Entry Fees received by Oct. 8 (Entry fees are not refundable or tax deductible.)

$_____ Entry Fee - $25 (5K Co-Ed Run / Walk & 1-Mile Family Run / Walk)
**Entrants must be timed to be eligible for prizes*

$_____ School Team - $20 (by Sept. 28 at 4 p.m.)

$_____ Community Team - $20 (by Sept. 22 at noon)

$_____ Sleep in for the Cure™ - $30

$_____ Individual Runner Late Fee - $5 (after Oct. 8)

Adult Shirt Size: ❍ S ❍ M ❍ L ❍ XL ❍ XXL ($3 fee)
T-shirt size preferred does not guarantee size availability. Entry fee includes T-shirt.

$_____ Additional Donation (Tax deductible)

$_____ Total Enclosed

For additional information call (843) 556-3343 or e-mail race@komenlowcountry.org.

Payment and Packet Information

Method of payment

❍ Credit Card (please visit http://race.komenlowcountry.org to make payment)

❍ Check # ____ ❍ Cash Enclosed

Please make check payable to Komen Charleston Race for the Cure®

Return this registration form with check or money order to: P.O. Box 20637, Charleston, SC 29413. Hand deliver to: Komen Charleston Race for the Cure® Office, 1930 Charlie Hall Blvd., Charleston, SC 29414. For questions or team information, please call (843) 556-3343 or e-mail race@komenlowcountry.org.

Packet Pick-up

- Thursday, October 19, 2006, from 10 a.m. to 6 p.m. at the Gaillard Auditorium.
- Friday, October 20, 2006, from 10 a.m. to 7 p.m. at Daniel Island Medical Center.

Cancellation

Please note: This event will occur rain or shine. We reserve the right to cancel in extreme circumstances. In the event of a cancellation, there will be no refunds. Your entry fee will be used as a donation to the Komen Charleston Race for the Cure®. For the safety of all participants, inline skates and pets are not permitted at the race. Thank you for your cooperation.

Awards for 5K Race

- Top three overall male and female finishers
- Top three winners in each division
- Top three breast cancer survivors
- First place master survivor (age 40-59)
- First place senior survivor (age over 60)
- Recognition to the three largest community and school teams.
- Prizes for 1st & 2nd place teams raising money through pledge program

RACE WAIVER AND RELEASE (Participants must sign in order to be eligible to participate in race):
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 CHARLESTON 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 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. DRUG TESTING: Participants in this competition may be subject to formal drug testing in accordance with USA T&F rules and IAAF Rule 144. Participants who refuse to be tested or who test positive for banned substances will be disqualified from this event and will be ineligible for future competition.

Signature of Participant **Date** **Signature of Parent or Legal Guardian** **Date**

(If participant is under 18)