I agree all representations made and releases, waivers, covenants and consents given by me here are given on behalf of me and all my minor children or persons over whom I have guardianship training for or participating in event. Minors under 18 must be accompanied by a parent/guardian who is also a registered participant.

In consideration of participation in the More Than Pink Walk, I for myself and my next of kin, heirs, administrators and executors, waive and release The Susan G. Komen Breast Cancer Foundation, Inc, its affiliates including the affiliate conducting Event ("Affiliate") and their respective directors, employees, volunteers, agents, assigns, vendors, contractors, governments, licensees and successors (collectively, "Releasees"), from any and all claims, liabilities, actions, demands, expenses and attorneys fees arising out of my training for and participation in Event and any original material created by me in connection with Event, and (ii) the results of compensation (i) and personal statements, photos, videos and audio or other recordings of me made during Event and any original material created by me in connection with Event, and (ii) the results of my participation in Event. Without limiting the foregoing, I agree all personal information provided by me for Event may be used according to the privacy policy referenced below.

This Release will be construed under the laws of the state where Event is held. If any provision of this Release is deemed unenforceable by law, Affiliate may modify such provision to the extent needed to be deemed enforceable and all other provisions will remain in full force and effect.

I understand all donations made in connection with Event are non-refundable and non-transferable and the registration fee is non-refundable, non-transferable and not tax deductible.

I certify I am at least 18 years old. I understand I have given up substantial rights by accepting this Release and have signed it freely and voluntarily without any inducement, assurance or guarantee. I intend my acceptance to be a complete and unconditional release of liability to the greatest extent allowed by law.

**Day of registration fee increases to $30 for Breast Cancer Survivors, those Living with MBC, and Adults 18 years of age and up. Youth 6-17 day of registration is $15.**

Participant’s Name: __________________________ Date: __________

Signature (Parent or Guardian signature if under 18): __________________________

Date Rec: __________  Rec By: __________  Entered By: __________

Amount Rec: __________  Payment Type: __________  Date Entered: __________