MORE THAN PINK WALK

MAIL-IN REGISTRATION

June 13, 2020 | Buffalo RiverWorks

Send completed form and registration fees to:
Komen Upstate New York
742 Delaware Ave. Buffalo, NY 14209

For a faster and secure processing, register online at komenupstateny.org/wnywalk

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Team Name: Team Captain:

☐ I'm registering as an individual participant and not a member of a team.

PARTICIPANT TYPE: (ONE ENTRY PER PERSON)

☐ BREAST CANCER SURVIVOR

☐ LIVING WITH METASTATIC BREAST CANCER

☐ ADULT (18 yrs and up)

☐ YOUTH (6 yrs - 17 yrs)

☐ CHILD (6 yrs and under, no t-shirt) - use code KOMENKID

☐ ADDITIONAL DONATION

MAKE CHECKS PAYABLE TO: “KOMEN UPSTATE NY”

T-shirt size (Circle One):

S M L XL 2XL 3XL

Y/Sm Y/Med Y/Large

TOTAL $ $

What is your connection to breast cancer?

How did you hear about this event?

MORE THAN PINK WALK RELEASE AND WAIVER

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 related fundraising activities (collectively, “Event”).

I understand Event may involve physical activity, contact with other persons or animals or other potential risk of bodily injury or damage to property. I voluntarily assume full and complete responsibility for and the risk of any injury, including death, accident or lost/stolen property.

I am medically and physically able to participate in Event and take full responsibility for consulting a physician. I consent to emergency medical care and transportation if injured, as medical professionals deem appropriate. This Release extends to any liability arising out of or in any way connected with the medical care/transportation provided, including negligent emergency rescue operations.

I will obey all laws, rules and safety procedures relating to Event. I will abide by any decision of an event official related to my ability to safely compete in Event and exhibit appropriate behavior at all times.

Participant’s Name: ____________________________

Signature (Parent or Guardian signature if under 18):

Date: ____________________________

Event officials may dismiss me without refund if my behavior endangers the safety of or negatively affects Event or any person or property.

I give Releases the irrevocable, perpetual and worldwide right to use, copy, publicly perform or display, distribute, modify, translate and create derivative works of, for any purpose and without 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-transferrable 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.

Date: ____________________________

RESEARCH CARE COMMUNITY ACTION