



20th Annual Homer Breast Cancer Run Sunday, August 20th, 2014 ~ 9:00 a.m.

REGISTRATION FORM

I know that running and biking are potentially hazardous activities. I should not enter this event unless I am medically able and properly trained. I assume all risks associated with running in this event including, but not limited to, falls, contact with other participants, the effects of weather, including high heat and/or humidity, the conditions of the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my application for participation, I for myself and anyone entitled to act on my behalf, waive and release Kachemak Bay Family Planning Clinic, its board of directors, race organizers, volunteers, and any sponsors, their representatives and successors from all claims or liabilities of any kind whatsoever, foreseen or unforeseen, known or unknown, arising out of my participation in this race even though liability may arise out of negligence or carelessness on the part of the persons named in this waiver. The undersigned further grants full permission to KBFPC and/or agents authorized by them to use any of photographs, videotapes, motion pictures, recordings, or any other record of this event for any purpose. Submission of this form electronically implies valid and binding signature. Minors' applications accepted with parent's signature.

Participant Name (Print): _____ Age: _____ Gender: _____

Address: _____ City, State, Zip: _____

Email: _____

Emergency Contact Name and Number: _____

I would like to participate in the: 5 mile run/walk 1 mile run/walk 5 mile bike

Signature (of parent if under 18): _____

Signature: _____ Date: _____

\$35 Participant Registration. Kids 12 and under free
 Additional donation of \$ _____

Proceeds stay local to help our mothers, daughters, friends and neighbors right here in our community. Your participation fee of \$35 will support access to breast cancer screening, treatment, education and other support services provided at no cost through Kachemak Bay Family Planning Clinic.

My check is enclosed Cash provided Please charge my Visa or Mastercard (circle one)

-----For Credit Card donations-----

Name (Please print) _____

Credit Card # _____ Exp Date _____

Billing Address _____ City _____ State _____ Zip _____

Email Address _____ Phone _____

Signature _____

*Please send to Kachemak Bay Family Planning Clinic, 3959 Ben Walters Lane, Homer AK 99603
Or Pre-Register online at kbfp.org.*

20th Annual Homer Breast Cancer Run & Ride
Sponsorship Form
Sunday, August 10th – 9:00 a.m.

Hi! I am participating in the 20th Annual Homer Breast Cancer Run and Ride! Will you sponsor me as I run, bike, or walk to support access to local breast cancer screening, testing, and support services?

SPONSORS CAN DONATE ONLINE at kbfp.org

SPONSOR Name: _____
Address: _____
Telephone number: _____
Email address: _____
Amount donated: _____
 Donation Collected

SPONSOR Name: _____
Address: _____
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Email address: _____
Amount donated: _____
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