



16th Annual Homer Breast Cancer Run

Sunday, August 15th ~ 11:00 a.m.



REGISTRATION FORM

I know that running in a race is a potentially hazardous activity. I should not enter and run in this race unless I am medically able and properly trained. I assume all risks associated with running in this race including, but not limited to, falls, contact with other participants, the effects of weather, including high heat and/or humidity, the conditions of the road and traffic on 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 and Pink Ribbon Days (PRD) Charities Inc., 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.

Print Name: _____ **Phone #** _____ **Age:** _____ **Gender:** _____

Address: _____ **City/State:** _____ **Zip:** _____

Email: _____ *Would you like to be recognized as a breast cancer survivor?* **YES**

Signature: _____ **Date:** _____

Signature (of parent if under 18): _____



You can register online at kbfp.org...OR...
 mail, fax or drop off at KBFPC, 3959 Ben Walters Lane, Homer AK 99603 • fax#(907) 235-8346
 If you have questions or would like to volunteer, call 235-3436 or email kbfp@ak.net.
Late registration 9:30-10:30 AM race day

DONATION FORM

I would like to support the LOCAL BREAST CANCER SCREENING PROGRAM. Please accept my enclosed tax-deductible donation in the amount of:

- | | |
|------------|-------------|
| _____ \$10 | _____ \$100 |
| _____ \$25 | _____ \$250 |
| _____ \$50 | _____ other |
| _____ \$75 | |

Name _____

Address _____ City _____ State _____ Zip _____

Email Address (if you would like to be on our email list) _____

My Check is Enclosed OR please charge my Visa/MC/Amex/Discover Card

Card # _____ Exp _____

Signature _____

Mail or drop off your contribution to KBFPC, 3959 Ben Walters Lane, Homer AK 99603. THANK YOU!

The Homer Breast Cancer Run is co-sponsored by Pink Ribbon Days (PRD) Charities, Inc. of Alaska

2010 Breast Cancer Run
(a.k.a. Homer Run for Women)
Sunday August 15th – 11:00 a.m.

Pay me to run/walk!

Help raise money for cancer screening
programs **in Homer**.
~The best protection is early detection~

NAME of RUNNER/WALKER: _____
Address: _____
Telephone number: _____ Age (optional): _____ Total raised: _____

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

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Email address: _____
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Please bring this form (and the corresponding funds) to the Run - or mail/deliver them to Kachemak Bay Family Planning Clinic, Attn. Breast Cancer Run, 3959 Ben Walters Lane, Homer AK 99603. Checks can be made out to KBFPC. The Homer Breast Cancer Run is co-sponsored by Pink Ribbon Days (PRD) Charities, Inc. of Alaska.