Registration Form

2026 Columbus Race for the Cure

Return to UFCW 1059 by April 6, 2026

Race Day: 5/16/2026

PARTICIPANT INFORMATION (Please print clearly):

First Name: _____ Last Name: _____

Email: _____

By providing your email, you will receive communications, marketing, and other offerings from Komen. You may unsubscribe at any time. See our Privacy Policy on Komen.org for more information.

Home Address: _____

City: _____ State: _____ Zip Code: _____ - _____

Phone Number: ○ Mobile ○ Home _____ Date of Birth: _____ / _____ / _____

By providing your phone number, you consent to receive automated reminders about event information from Komen, including via phone call or text message. Standard message and data rates may apply.

TEAM AFFILIATION (Please select one):

◉ **Join a Team!** Team Name: UFCW Local 1059

Employer (ex: Kroger 990, CVS 3407, General Mills, etc.): _____

MINOR PARTICIPANTS (All participants under 18 years of age):

First Name: _____

Last Name: _____

Date Of Birth: _____ / _____ / _____

First Name: _____

Last Name: _____

Date Of Birth: _____ / _____ / _____

First Name: _____

Last Name: _____

Date Of Birth: _____ / _____ / _____

COMPLETE FIELDS IN PINK!

Please select your route option: ☐ 5k ☐ 1 mile

REGISTRATION	Family:	Member:
○ Adult	$15.00	$0
○ Youth (Under 18)	$12.50	$0

Adult Registration Fee: $_____

Youth Registration Fee(s): $_____

Total Registration Amount: $_____

Make your personal donation to end breast cancer. $25 can buy research supplies so scientists can work toward finding new ways to prevent, detect and/or treat breast cancer.

$50 - Every 50 seconds, somewhere in the world, someone dies from breast cancer.

$100 - Your donation could provide groceries for a breast cancer patient for a week.

Any amount you give will help save lives!

Your Personal Donation Amount: $_____

Total Payment Due: $_____

PAYMENT: If paying by check, please make your check payable to "Susan G. Komen" and submit your total payment with this registration form. Only Personal Donation gifts will be applied to your fundraising goal.

Would you like to be recognized as a Breast Cancer Survivor or Living with Metastatic Breast Cancer?*

○ No

○ Yes, I would like to be recognized as a Breast Cancer Survivor.

○ Yes, I would like to be recognized as Living with Metastatic Breast Cancer

*Complimentary survivor or MBC t-shirt will be mailed. By checking this box, you also consent to being acknowledged by Komen as a survivor or person living with metastatic breast cancer. This acknowledgment includes recognition at our events, engagement opportunities, and communications specific to survivors or those living with breast cancer.

Select Your T-shirt Size(s):

Adult Sizes: ☐ S ☐ M ☐ L ☐ XL ☐ 2XL ☐ 3XL

Youth Sizes: ☐ YS ☐ YM ☐ YL

○ Decline T-shirt(s)

Return Completed form to Union Rep or:
UFCW Local 1059
4150 E. Main Street Fl 2, Columbus, OH 43213

Contact Komen at 1-877-465-6636, option 4
or email info@komen.org with any questions.

To complete this form, please read the waiver on the reverse side and sign below for yourself and any applicable minor participants.

I certify I am at least 18 years old. I understand minors under 18 must be accompanied by a parent/guardian who is also a registered to participate. I understand I have given up substantial rights by accepting this agreement and have signed it freely and voluntarily. My acceptance is a complete and unconditional release of liability.

Printed Name: _____

Signature: _____

Parent/Guardian Signature: _____

Date: _____

PARTICIPANT WAIVER & RELEASE: READ CAREFULLY - BY SIGNING YOU GIVE UP YOUR RIGHT TO SUE.

ACKNOWLEDGMENT AND ASSUMPTION OF RISK
I understand that participation in Susan G. Komen's ("Komen") race, walk, or athletic event (the "Event") involves inherent and significant risks including, but not limited to: strenuous physical activity; contact with other participants, spectators, volunteers, and animals; use of public roads, sidewalks, and facilities; exposure to weather conditions and environmental hazards; potential equipment failure; exposure to communicable diseases including COVID-19; falling, collision, or other accidents; and serious injury or death. I acknowledge that I, and I alone, am solely responsible for my personal health and safety, and the personal property I bring with me in connection with my participation. I will read the Event description and rules for my participation, and I will abide by all laws and safety procedures as well as rules established by Komen. I voluntarily assume all risks associated with my participation, whether known or unknown, foreseen or unforeseen, including risks that may arise from the ordinary negligence of the Released Parties (defined below). I acknowledge that no Event is completely safe and that accidents and injuries can occur despite safety precautions.

RELEASE AND WAIVER OF CLAIMS
IN CONSIDERATION FOR BEING PERMITTED TO PARTICIPATE IN THE EVENT, I, FOR MYSELF AND ON BEHALF OF MY HEIRS, EXECUTORS, ADMINISTRATORS, SUCCESSORS, AND ASSIGNS, HEREBY RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE KOMEN, ITS AFFILIATES, SPONSORS, VOLUNTEERS, OFFICIALS, EMPLOYEES, AGENTS, CONTRACTORS, MEDICAL PERSONNEL, GOVERNMENT ENTITIES, VENUE OWNERS, AND ALL OTHER PERSONS OR ENTITIES ASSOCIATED WITH THE EVENT (COLLECTIVELY, "RELEASED PARTIES") FROM ANY AND ALL CLAIMS, DEMANDS, LOSSES, DAMAGES, ACTIONS, OR CAUSES OF ACTION ARISING OUT OF OR RELATED TO MY PARTICIPATION IN THE EVENT. THIS RELEASE APPLIES TO CLAIMS FOR PERSONAL INJURY, DEATH, PROPERTY DAMAGE, OR ANY OTHER LOSS, WHETHER CAUSED BY ORDINARY NEGLIGENCE OF THE RELEASED PARTIES, DANGEROUS OR DEFECTIVE CONDITIONS OF PREMISES OR EQUIPMENT, OR ANY OTHER CAUSE.

INDEMNIFICATION
I agree to indemnify, defend, and hold harmless the Released Parties from any and all claims, damages, losses, expenses, and attorneys' fees brought by third parties and arising from: (a) my participation in the Event; (b) my violation of any law, regulation, or Event rule; (c) my fundraising activities; (d) any injury or damage I cause to third parties; (e) my breach of any representation or warranty in this agreement; or (f) any third-party claims related to materials I provide to Komen.

MEDICAL AND HEALTH PROVISIONS
I represent that I am physically capable of participating in the Event and have consulted with a healthcare provider if I have any medical conditions that could affect my participation. I agree to maintain adequate health insurance coverage and authorize Event medical personnel to provide emergency medical treatment if needed.I acknowledge the risk of exposure to communicable diseases, including COVID-19, and certify that I am not experiencing symptoms of illness and will not participate if I become ill. I understand that certain individuals may be at higher risk for severe illness. I authorize Komen, officials, volunteers, and medical personnel to provide emergency medical care and transportation as they deem appropriate and to administer first aid and medical treatment at their discretion. I RELEASE THE RELEASED PARTIES FROM ALL LIABILITY ARISING FROM SUCH MEDICAL CARE AND TRANSPORTATION, INCLUDING CLAIMS OF MEDICAL MALPRACTICE.

YOUR EXPERIENCE WITH BREAST CANCER
I understand that I may voluntarily provide information about my relationship to breast cancer, including whether I am a survivor, caregiver, supporter, or other relationship to the cause. This may include nformation such as my type of breast cancer or other cancers, date of diagnosis, stage, current treatment, or other health-related information. I understand this information will be used to provide me with relevant resources, communications, and support services as well as recognition of my status, I may update my preferences or opt out of public recognition at any time by following the instructions in Komen's Privacy Policy, available at komen.org. I understand that providing this information is entirely voluntary.

PUBLICITY AND MEDIA RELEASE
I grant Komen and its designees the perpetual, worldwide right to use my name, likeness, voice, biographical information, and any materials I provide in connection with the Event for promotional, educational, and commercial purposes without compensation. I waive any right to inspect or approve such use. I hereby acknowledge Komen's sole ownership of all materials provided by me when (a) uploaded and/or submitted through an online portal, (b) attached to an email, (c) sent through other electronic means via cell phone or computer, (d) hand delivered to an Komen employee or agent, or (e) mailed. Komen may assign any of these rights to third parties, including partners and sponsors. I represent that any materials I provide do not infringe third-party rights.

EVENT RULES AND CONDUCT
I agree to comply with all Event rules, safety regulations, and applicable laws. Komen reserves the right, in its sole discretion, to refuse registration and/or participation to anyone at any time before or during the Event for safety reasons, rule violations, inappropriate conduct, medical reasons, fundraising eligibility, or other reasons. I will exhibit appropriate behavior and will not engage in any activity that endangers others or damages property. I understand that all donations made in connection with the Event are non-refundable and non-transferable, even if I do not participate in the Event or if the Event is canceled for any reason. I also understand that the registration fee is non-refundable, non-transferable, and not tax deductible. If I have a fundraising minimum requirement and have not met it by the deadline, I may choose not to participate or will be prohibited from doing so.

ACCOMMODATIONS
Participants requiring reasonable accommodations under the Americans with Disabilities Act should contact Komen at least 30 days prior to the Event. Komen will work with participants to determine reasonable accommodations that do not fundamentally alter the nature of the Event or create an undue burden.

FUNDRAISING COMPLIANCE
If applicable to my participation, I agree to comply with all laws governing charitable fundraising, obtain necessary permits and registrations, and conduct fundraising activities professionally and ethically. I acknowledge that fundraising guidelines and best practices are available through my participant dashboard and agree to review and follow such guidance. I understand that by registering for this Event, I may receive communications about fundraising incentives, rewards, recognition programs, and promotional opportunities based on my fundraising performance. I acknowledge that participation in such incentive programs is voluntary and that specific terms and conditions will be provided separately. I understand that donations are typically non-refundable and that I may be required to meet minimum fundraising commitments and that failure to meet such commitments may result in participation restrictions or personal financial responsibility for the shortfall.

TRADEMARK AND INTELLECTUAL PROPERTY
I acknowledge Komen's ownership of its trademarks, logos, and other intellectual property (collectively, "Komen marks"). I may use Event-specific participant logos and materials provided through my fundraising dashboard solely for personal use as a participant in connection with my fundraising activities for this Event. Event-specific permitted materials will vary by event type and will be clearly identified in my participant dashboard. I may not use other Komen marks without Komen's prior written permission. I understand that Komen is the sole and exclusive owner of numerous trademarks and service marks related to breast cancer awareness and charitable fundraising services. Any use of Komen marks by me (whether or not authorized) shall inure to the benefit of Komen.

MINORS
I certify that I am at least 18 years old and have reached the age of majority in the state where I reside. Participants under 18 must have this waiver signed by a parent or legal guardian who agrees to all terms on behalf of the minor and must be accompanied by that parent/guardian who is also a registered participant. The parent/guardian signing on behalf of a minor represents that they have legal authority to bind the minor and agrees to indemnify Komen for any claims arising from lack of such authority. By signing this waiver on behalf of a minor participant, the parent or legal guardian consents to Komen's collection, use, and disclosure of the minor's personal information as described in Komen's Privacy Policy, including but not limited to: (a) contact information such as name, email address, and phone number; (b) event participation and fundraising activity; (c) photographs, video, and other media captured during the Event; and (d) health-related information voluntarily provided. The parent or legal guardian further consents to Komen communicating directly with the minor participant regarding Event logistics, fundraising activities, safety information, and mission-related content. This consent may be withdrawn at any time by contacting Komen as described in the Privacy Policy, though withdrawal may affect the minor's ability to participate in future Events.

PRIVACY AND TERMS OF USE
I acknowledge that I have read and agree to be bound by Komen's Privacy Policy and Terms of Use, available at komen.org, which are incorporated herein by reference. I understand that my personal information will be handled in accordance with the Privacy Policy and that all my contributions and activities will comply with the Terms of Use. I understand that Komen may share my name and participant information for recognition, security purposes, in legal proceedings, in emergencies, or as otherwise described in the Privacy Policy. Without requiring further notice, I hereby consent and give Komen permission to provide my name and participant information as may be requested for these purposes. I understand that I may have access to donor information including names, contact details, and contribution amounts. I agree to use this information solely for the purpose of thanking donors and will not use, retain, or disclose this information for any other purpose.

GENERAL PROVISIONS
This agreement shall be governed by the laws of Texas, without regard to conflict of law principles. Any disputes shall be resolved in the courts of Dallas County, Texas. CALIFORNIA EVENTS: This release extends to claims and facts unknown and unsuspected to exist at the time of executing this release. All rights under Section 1542 of the California Civil Code are expressly waived with respect to any of the claims, injuries, or damages described in this agreement. Section 1542 of the California Civil Code: A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS THAT THE CREDITOR OR RELEASING PARTY DOES NOT KNOW OR SUSPECT TO EXIST IN HIS FAVOR AT THE TIME OF EXECUTING THE RELEASE, AND THAT IF KNOWN BY HIM WOULD HAVE MATERIALLY AFFECTED HIS SETTLEMENT WITH THE DEBTOR OR RELEASED PARTY. This agreement is intended to be enforceable to the fullest extent permitted by law in each state where Events are conducted. If any provision is deemed unenforceable in a particular jurisdiction, it shall be modified to the minimum extent necessary to be enforceable in that jurisdiction, while all remaining provisions continue in full effect. The parties intend this agreement to be construed as broadly as possible to provide maximum protection to the Released Parties. In any legal proceeding arising from this agreement, the prevailing party shall be entitled to recover reasonable attorney fees and costs. This agreement constitutes the entire agreement between the parties and may only be modified in writing signed by Komen. I acknowledge that I have read this agreement, understand its terms, and sign it voluntarily with full legal capacity. I understand that I am giving up substantial legal rights and have had the opportunity to seek legal counsel.

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