



Race Form

October 26th, 2008

Must be signed by all participants:

I understand that my consent to these provisions is given in consideration of the acceptance of this registration and for being permitted to participate in this event. I am a voluntary participant in this event, and in good physical condition. I KNOW THAT THIS EVENT IS A POTENTIALLY HAZARDOUS ACTIVITY AND I HEREBY ASSUME FULL AND COMPLETE RESPONSIBILITY FOR ANY INJURY OR ACCIDENT WHICH MAY OCCUR DURING MY PARTICIPATION IN THIS EVENT OR WHILE ON THE PREMISES OF THIS EVENT, AND I HEREBY RELEASE AND HOLD HARMLESS AND COVENANT NOT TO FILE SUIT AGAINST THE SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC., OR UNIVERSITY OF CALIFORNIA, SAN DIEGO, THEIR LOCAL AFFILIATES AND ANY AFFILIATED INDIVIDUALS, THE SAN DIEGO ROW FOR THE CURE® AND ANY AFFILIATED INDIVIDUALS, ANY RACE SPONSORS AND THEIR AGENTS AND EMPLOYEES, AND ALL OTHER PERSONS OR ENTITIES ASSOCIATED WITH THIS EVENT (THE "RELEASEES") FROM ANY LOSS, LIABILITY OR CLAIMS I MAY HAVE ARISING OUT OF MY PARTICIPATION IN THIS EVENT, INCLUDING PERSONAL INJURY OR DAMAGE SUFFERED BY ME OR OTHERS, WHETHER SAME BE CAUSED BY UPSET OF BOATS, CONTACT WITH OTHER BOATS, CONDITIONS OF THE COURSE, NEGLIGENCE OF THE RELEASEES OR OTHERWISE. If I do not follow all the rules of this event, I understand that I may be removed from participation. I give my full permission to the Komen Foundation and its local Affiliates and the UNIVERSITY OF CALIFORNIA, SAN DIEGO, and their sponsors and corporate sponsors to use any photographs, videotapes, or other recordings of me that are made during the course of this event.

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Name Signature (Parent or guardian's signature if under age 18) Date

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