



New Orleans Affiliate

**TEAM PACKET**  
**KOMEN NEW ORLEANS 14<sup>TH</sup> ANNIVERSARY RACE**  
**FOR THE CURE**  
**SATURDAY, OCTOBER 23, 2010**  
**CITY PARK NEW ORLEANS**  
**8:00 a.m. SURVIVORS' RECOGNITION PROGRAM**  
**8:30 a.m. 1 Mile Fun Run/Walk**  
**9:00 a.m. 5K Run**  
**9:05 a.m. 5K Walk**

WELCOME:

Thank you for joining the fight against breast cancer by creating a team for the 14th annual Komen New Orleans Race for the Cure. The Race covers the entire metropolitan New Orleans area which includes Orleans, Jefferson, St. Tammany, St John, St Bernard, Plaquemines, Washington and St. Charles Parishes. Together we will make a difference for the women and men who are affected by breast cancer.

The Race for the Cure is a 5K and 1 mile fun run/walk to benefit the New Orleans Affiliate of Susan G. Komen for the Cure. Race proceeds go directly to breast cancer screening, treatment, research and education programs in our area. Our promise is to save lives and end breast cancer forever by empowering people, ensuring quality care for all and energizing science to find a cure.

We look forward to seeing you and your team on Saturday October 23<sup>rd</sup>, along with thousands of others dedicated to this cause. We hope to make your Team Captain experience as easy and enjoyable as possible. This packet is filled with valuable information to help you make the most of your volunteer efforts.

The fastest and easiest way to register a team is on line. Simply:

Go to our website @ [www.komenneworleans.org](http://www.komenneworleans.org)

Click on: [Register Online](#)

Then follow the [step by step directions](#)

Registering on line makes it even more convenient for T-Shirt pick ups. The Team Captain simply goes to [Clearview Mall, in Metairie](#) on either of the designated days and times – a list from the on-line site will be on hand of all registered teams along with their t-shirt sizes.

If you have any further questions, feel free to email me at [teams@Komenneworleans.org](mailto:teams@Komenneworleans.org) or log on to [www.komenneworleans.org](http://www.komenneworleans.org).

Team Chair  
2010 New Orleans Race for the Cure.



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## 2010 KOMEN NEW ORLEANS RACE FOR THE CURE Saturday October 23, 2010 TEAM INFORMATION

### ***General Information:***

You must have a minimum of 10 participants to register as a team. All registration forms for a team must be submitted as a group. The team captain should verify that all participants have signed their registration form. Team packets must be dropped off at The Clearview Mall in Metairie on Friday October 15<sup>th</sup> (12:00 noon – 6:00pm) or Saturday October 16<sup>th</sup> (10:00 am – 6:00 pm) in order to be processed as a team. Late entries will not be accepted and must be registered as individual participants. Team packets may be accessed from the web site at [www.komenneworleans.org](http://www.komenneworleans.org) or picked up at the Susan G. Komen office 4141 Veterans Memorial Blvd., Suite 202, Metairie, LA 70002, Monday – Friday.

### ***In Advance:***

Please feel free to collect donation or pledges from friends. This is strictly voluntary but a great way to raise money for the fight against breast cancer. Consider designing a team T-shirt or creating other ways of celebrating your team. Registration can be done on the internet @ [komenneworleans.org](http://komenneworleans.org). The process to register as a team is easy, the Team Captain sets up her team name, she gives the team information to all participants and they go to [komenneworleans.org](http://komenneworleans.org). The individual registering pays with their credit card and states their T-shirt size. The Team Captain comes to Clearview Mall in Metairie on one of the above dates and picks up his or hers team T-shirts and runner/walker bib numbers.

### ***Race Week***

Team Captains who registered online with convio.com, can come to Clearview Mall and get their shirts and walker/runner bib numbers a list of teams and T-shirt sizes will be available. Bring your team packet to Clearview Mall, Metairie Friday October 15<sup>th</sup> from (12:00 noon - 6:00pm) & Saturday October 16<sup>th</sup>, from (10:00am - 6:00 pm). Select a meeting spot for your team to gather on race day. Make sure all members know this spot as it will cause for less confusion on race day.

### ***Race Day***

Rain or shine, join the festivities! The Komen New Orleans Race for the Cure will occur rain or shine. We reserve the right to cancel in extreme circumstances. In that event, there will be no refunds; rather your entry fee will be used as a donation to the Komen New Orleans Race for the Cure.

### ***Team Awards***

Largest Corporate Team  
Largest Community Team

Best Team Spirit  
Best Team T-Shirt

Largest School Team  
Team that raises the most Pledges





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**MONEY, before turning it in to the Pledge/Donation Table on Race day. Make checks payable to N. O. Race for the Cure.**

## FREQUENTLY ASKED QUESTIONS

**WHEN:** October 23, 2010  
**WHERE:** City Park  
**TIME:** 8:00 a.m. Survivors Recognition Program  
8:30 a.m. 1 Mile Fun Run/Walk  
9:00 a.m. 5K (3.2 miles) Run  
9:05 a.m. 5K (3.2 miles) Walk

**PARKING:** The benefits of holding the race at City Park is free parking and easy access to parking. You can park on Marconi or in the park just do not block any driveways, vehicles or business or park on any Neutral Ground that has signs that say **NO PARKING**.

**WHAT IF IT IS RAINING?** The race will take place rain or shine. We reserve the right to cancel in extreme circumstances. In that event, there will be no refunds; rather your entry will be used as a donation to the Komen New Orleans Race for the cure.

**WHERE CAN I PICK UP MY T-SHIRTS AND BIB NUMBERS?** You can pick up T-Shirts in advance at Clearview Mall Friday October 15<sup>th</sup> (12:00 noon - 6:00pm) & October 16<sup>th</sup>, (10:00 am - 6:00pm). On race day there will be a team tent for picking up your shirts but no guarantee of sizes.

**WHAT IF I MAILED IN MY PACKET OR TURNED IT IN ON ONE OF THE ABOVE DATES AND SOMEONE WANTS TO REGISTER WITH MY TEAM?**

That person or persons will have to register as an individual on the day of the race or register at [convio.com](http://convio.com).

**WHAT IS A CORPORATE TEAM?** A team registered as a business.

**WHAT IS A COMMUNITY TEAM?** A school, bible study group, sewing group or any other group serving the community.

**WHAT CAN I DO TO MAKE MY TEAM SPECIAL?** You can design team T-shirts, costumes, hats, or anything to make your team unique. Please no Pink T-Shirts pink shirts are reserved for Survivors. Stop by the Team Tent on Race Day so we can see your shirt so you can qualify for the Best Team T-Shirt Prize.



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**WHAT IF I WANT TO REGISTER ON THE DAY OF THE RACE?** On race day they will have a registration table set up for individual race day registration.

**WHERE CAN I TELL TEAM MEMBERS TO MEET?** You can tell them to meet in front of the Kids Tent, the Pink Boutique Tent, the Brown's Dairy Cow or in front of the Main Stage. Make sure all members of your team no this spot. Do not meet at the Survivors Tent that area is very busy on race day. Survivors will be picking up their Special Pink Hats and Pink T-Shirts and everyone registered for the Race will be picking up back signs to celebrate a breast cancer survivor or a back sign in memory of a love one who has lost the battle with breast cancer.

**WHERE CAN I GET A TEAM PACKET?** Team packets will be available on the Web site [www.kommeneworleans.org](http://www.kommeneworleans.org) or at the Komen Office 4141 Veterans Memorial Blvd., Ste 202, Metairie LA 70002 or the Re/Max Real Estate 4141 Veterans Memorial Blvd., Suite 100, Metairie, LA 70002....Re/Max Hours: Monday – Friday 8:30 a.m. – 5:30 p.m. or Sat/Sun 9:00 a.m. – 5:00 p.m.

**WHERE CAN I GET ADDITIONAL INFORMATION?** You can visit our web site [www.kommeneworleans.org](http://www.kommeneworleans.org) or email teams@[kommeneworleans.org](mailto:teams@kommeneworleans.org).

**WHAT AWARDS ARE AVAILABLE FOR TEAMS?** The largest Corporate Team, Largest Community Team, Largest School Team, Best Team Spirit, Best Team t-shirt and the Team that raises the most pledges will get an award.

**WHAT IF I DON'T HAVE MY PACKET FINISHED BY October 16, 2010?** You must bring your completed packet with all forms and registration to the Clearview Mall in Metairie Friday on October 15<sup>th</sup> (12:00 noon - 6:00pm )or Saturday October 16<sup>th</sup> from 10:00am - 6:00pm). You must have all the forms completed, registration forms signed, Team Roster totaled and money balanced so T-Shirts can be distributed at that time. No incomplete packets will be accepted. All packets not dropped off at that time will be brought to the registration table race day and registered as individuals.

**WHAT IF I BRING MY COMPLETED PACKET TO THE TEAM TENT ON RACE DAY?** You will be sent to the registration table and all the participants will be registered as individuals.

**WHAT IF I ONLY HAVE 9 OR LESS ON MY TEAM?** You will have to register them as individuals.

**AS LONG AS YOU PICK UP YOUR T-SHIRTS ON ONE OF THE T-SHIRT PICK-UP DATES YOU DO NOT HAVE TO PAY THE LATE FEE.**



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**MAKE CHECKS PAYABLE TO NEW ORLEANS RACE FOR THE CURE**

2010 Komen Race for the Cure

Saturday October 23, 2010

**TEAM ROSTER AND PACKING LIST**

Team Leaders: Please complete the information requested. Bring the completed Roster with your team Race Entry forms and registration forms.

**TEAM CAPTAINS REMEMBER THIS FORM MUST BE COMPLETED TO REGISTER AS A TEAM.**

Team Name: \_\_\_\_\_

Team Leader: \_\_\_\_\_

Email Address: \_\_\_\_\_

Total number of Adults \_\_\_\_\_ x \$25.00 \$ \_\_\_\_\_

Total number of Children \_\_\_\_\_ x \$15.00 \$ \_\_\_\_\_

Total amount collected/enclosed for donations \$ \_\_\_\_\_

Total enclosed for all team members \$ \_\_\_\_\_

**T-SHIRT INFORMATION**

	Small	Medium	Large	X-Large	2XLarge	Total
Number of T-Shirts Adult						

	6/8	10/12	Total
Number of T-Shirts (Youth)			

Breast Cancer Survivors also receive a pink shirt. Please mark sizes and quantities for Breast Cancer Survivors registered on; your team.



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Number of  
T-Shirts  
(Adult)

Small	Medium	Large	XLarge	2XLarge	Total



**Susan G. Komen "Race for the Cure" 1 mile and 5K, New Orleans, La. (Oct 23, 2010)**

<input type="checkbox"/> \$25.00 Registration	RACE NUMBER  Official Use Only	<u>Checks Payable to:</u> <b>Susan G. Komen Race for the Cure</b>  All entry fees are non-refundable
<input type="checkbox"/> \$15.00 Registration (children 17 or under)		
<input type="checkbox"/>		
<input type="checkbox"/>		

I WOULD like to be recognized as a Breast Cancer SURVIVOR.

LAST NAME										FIRST NAME										M.I.	
STREET ADDRESS / APARTMENT NUMBER																					
CITY															STATE			ZIP CODE			
TELEPHONE NUMBER					DATE OF BIRTH					AGE		MALE		FEMALE		WALKER: YES		NO			
YS		YM		S	M	L	XL		XXL		E-MAIL ADDRESS										
FOR PAYMENT BY CREDIT CARD		VISA		MC		ACCOUNT NUMBER								EXPIRATION DATE							
Bank Code																					
Signature of Cardholder _____																					

**PHOTOGRAPHIC AND RESULTS RELEASE**

I give my full consent and permission to The Susan G. Komen Breast Cancer Foundation, Inc. d/b/a Susan G. Komen for the Cure ("Komen"), its local affiliates and races, their sponsors and corporate sponsors, their successors, licensees, and assigns the irrevocable right to use, for any purpose whatsoever and without compensation, (i) any photographs, videotapes, audiotapes, or other recordings of me or my minor children that are made during the course of this event (the "Event"); and (ii) the results of my or my minor children's participation in this Event (e.g., race time, name, participant number).

**WAIVER AND RELEASE OF CLAIMS**

I understand that my consent to these provisions is given in consideration for being permitted to participate in this Event. I further understand that I may be removed from this competition if I do not follow all the rules of this Event. I am a voluntary participant in this Event. I am in good physical condition and am solely responsible for my personal health, safety and personal property. **I KNOW THAT THIS EVENT IS A POTENTIALLY HAZARDOUS ACTIVITY AND I HEREBY VOLUNTARILY ASSUME FULL AND COMPLETE RESPONSIBILITY FOR, AND THE RISK OF, ANY INJURY OR ACCIDENT THAT MAY OCCUR DURING MY PARTICIPATION IN THIS EVENT OR WHILE ON THE EVENT PREMISES. TO THE FULLEST EXTENT OF THE LAW, I, FOR MYSELF, MY NEXT OF KIN, MY HEIRS, ADMINISTRATORS, AND EXECUTORS, HEREBY RELEASE AND HOLD HARMLESS AND COVENANT NOT TO FILE SUIT AGAINST KOMEN, SUSAN G. KOMEN BREAST CANCER FOUNDATION NEW ORLEANS CHAPTER D/B/A SUSAN G. KOMEN FOR THE CURE NEW ORLEANS AFFILIATE, THEIR AFFILIATES AND ANY AFFILIATED INDIVIDUALS, ANY EVENT SPONSORS AND THEIR AGENTS AND EMPLOYEES, AND ALL OTHER PERSONS OR ENTITIES ASSOCIATED WITH THIS EVENT (COLLECTIVELY, THE "RELEASEES") FOR ANY INJURY OR DAMAGES I OR MY MINOR CHILDREN ATTENDING THE EVENT MIGHT SUFFER IN CONNECTION WITH MY OR THEIR PARTICIPATION IN THIS EVENT OR WHILE ON THE EVENT PREMISES. THIS RELEASE APPLIES TO ANY AND ALL LOSS, LIABILITY, OR CLAIMS I, MY NEXT OF KIN, HEIRS, ADMISTRATORS AND EXECUTORS MAY HAVE ARISING OUT OF MY OR MY MINOR CHILDREN'S PARTICIPATION IN THIS EVENT OR WHILE ON THE EVENT PREMISES, INCLUDING BUT NOT LIMITED TO, PERSONAL INJURY OR DAMAGE SUFFERED BY ME OR OTHERS, WHETHER SUCH LOSSES, LIABILITIES, OR CLAIMS BE CAUSED BY FALLS, CONTACT WITH AND/OR THE ACTIONS OF OTHER PARTICIPANTS, CONTACT WITH FIXED OR NON-FIXED OBJECTS, CONTACT WITH ANIMALS, CONDITIONS OF THE EVENT PREMISES, NEGLIGENCE OF THE RELEASEES, RISKS NOT KNOWN TO ME OR NOT REASONABLY FORESEEABLE AT THIS TIME, OR OTHERWISE.**

This Photographic and Results Release and Waiver and Release of Claims (collectively, the "Release") shall be construed under the laws of the state of LA. In the event any provision of this Release is deemed unenforceable by law, (i) Komen shall have the right to modify such provision to the extent necessary to be deemed enforceable; and (ii) all other provisions of this Release shall remain in full force and effect. I understand that I have given up substantial rights by signing this Release, and have signed it freely and voluntarily without any inducement, assurance or guarantee being made to me and intend my signature to be a complete and unconditional release of liability to the greatest extent allowed by law.

SIGNATURE: _____	Date: _____
SIGNATURE: _____	Date: _____

Signature of Parent or Guardian required if entrant is under 18