

Brush and Rush 5k Run/Walk

REGISTRATION INFO (please print clearly, *each participant needs a separate registration form)

Name (First and Last) _____

Phone # _____ Email _____

Age _____ Male _____ Female _____ T-shirt size: Youth - S _____ M _____ L _____

Adult-S _____ M _____ L _____ XL _____ 2XL _____ 3XL _____

Cash/Check Amount Enclosed: _____ (Race Fee: \$20)

Any additional donations to the 2011 patient fund are greatly appreciated, and may be included in your registration fee check.

Please make checks made payable to: College of Dentistry HDA

THE UNIVERSITY OF IOWA WAIVER AND RELEASE FORM

I understand that running or walking is strenuous and a potentially hazardous activity. I understand that I should not participate in the **Brush & Rush 5K**, sponsored by the College of Dentistry's Hispanic Dental Association, to be held on April 27, 2013 unless I am in good health and I am properly trained to participate in this event. Knowing this, I certify that to the best of my knowledge I am in excellent physical condition and have no medical condition that could worsen by participating in this event.

I am fully aware and assume all risks associated with participating in this event, including, but not limited to falls; contact with other participants, animals, or strollers; exacerbation of personal medical conditions; dehydration; fatigue; bodily injury including sprains, cramps, strains, blood pressure or cardiac abnormalities; effects of weather including extreme temperatures, humidity, wind, rain, or snow; uneven ground, objects, or the possible presence of vehicular traffic on the race course; and property loss or damage.

Having read this waiver and knowing the above facts and in consideration of you accepting my entry, I, for myself and anyone entitled to act on my behalf, agree to hold harmless, and do hereby waive and release The University of Iowa; Board of Regents, State of Iowa; the State of Iowa; and each of their respective employees, agents and representatives; race coordinators; race officials; sponsors; and volunteers (Releasees) from any and all claims or liability for injury, including death, whether caused in whole or in part by my fault or negligence, the fault or negligence of the Releasees or the fault or negligence of any third party. This waiver extends to all claims of any kind or nature, whether foreseen or unforeseen, known or unknown.

I also grant permission for the above organization to use any photographs, videotapes or recordings of me participating in this event for the legitimate purposes of promoting this event and cause.

- By submitting my registration, I certify that I am at least 18 years of age* and fully competent. I understand and agree to all terms of the waiver and release form.
- I am submitting a registration for my child to participate with me. In doing so, I accept full responsibility for them and release the Releasees from any and all claims or liability for any injuries that may occur as a result of my son's/daughter's participation.



Signature (Parent or Guardian's Signature required if under 18)

Date

Race Info:

Location: Terry Trueblood Park
4213 SE Gilbert St, Iowa City, Iowa

Date: April 27, 2013 (Rain or Shine) 9:00 am

Please send This Form and the Registration Fee to:

The University of Iowa
College of Dentistry and Dental Clinics
Brittany Johansen c/o Penni Ryan
348 DSB North
Iowa City, Iowa 52241

How did you find out about The Brush and Rush 5k? _____

Special thanks to our sponsors, and thank you for your support!

All proceeds from this event will go to the University of Iowa 2011 patient fund. For more information, visit <http://brushandrush5k.weebly.com>, please email any questions to brushandrush5k@gmail.com