

CHI Health Mercy Corning Community Wellness & Mercy Health Care Foundation's

DOCTORS DASH 2022

(YOU DON'T HAVE TO BE A DR. TO RUN/WALK!)

Saturday, July 30 in Corning, IA

RUN: 5K or 10K WALK: 1 Mile or 5K



SPONSORS

- Amy Wetzel, Pharm D • Ashley A. Neils, MD • Sheran Fernando, MD
- Steven Freeman, MD • Michael DelCore, MD • Dr. Maria Fuller, DDS
- Family Vision Center • Paislee Dalton, ARNP • Jessica Thornton, DNP, FNP-C
- Jennifer Shinkle, ARNP, Occupational Medicine • Caleb Sorensen, PT, DPT
- CHI Health Corning Women's Health Meaghan Shanahan, MD & Briana Harris-Mayle, APRN

Can register & pay online credit/debit at: <https://give.chihealth.com/DoctorDash>

Event & Registration Information

Location: Davis & 8th (Between Corning Opera House & Akin Building Center)

6:30 – 7:15 a.m. Check-in & Race Day Registration

7:30 a.m. ALL races start (Pets allowed on Walks only)

Individual Entry Fee: 1 Mile **\$20 by Friday 7/5** \$25 if postmarked after 7/5 or on race day
5K or longer events: **\$25 by 7/5** \$30 is postmarked after 7/5 or on race day

Family Entry Fee for Competitive or Non-Competitive Events (*does not have to be the same event for each entrant*) for up to 6 immediate family members (Parents/Guardians/Children at same address):
\$80 by 7/5 or \$95 if postmarked after 7/5 or on race day

Course: City Streets & County Highway (Hills included!)

Divisions: Male & Female Divisions for each event

Age Divisions: 14 & under, 15-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70 & over

T-shirts: Early Registrants guaranteed performance T-shirts

- Awards:
- Chamber Buck Awards 1-2-3 in each age division/event
 - Trophy to Top Female & Male/event

Pet Entry Rules Limit 1 pet per walker • Leashes are required • No Pets "in heat" • Pets should wear current rabies tags or have proof of vaccinations • Walkers will be asked to leave if their pet(s) display aggressive behavior • No pets under 4 months • Please follow the route • Please be courteous and clean up all pet 'do-do'!

For Registration or Questions regarding Doctors Dash:
Contact Marilea Mullen, **641-322-6276** or
Marilea.mullen@chihealth.com
Forms Available online at
<https://give.chihealth.com/DoctorDash>

Post-race
refreshments
sponsored by



Dr. Dash proceeds support
Community Wellness Youth Health Education programs



Entry Form: **PLEASE PRINT!!** *Sign release form below too!* _____

Make Payment to Mercy Health Care Foundation or See Credit Card Info below
Mail Completed Form & Payment to: Mercy Health Care Foundation, 603 Rosary Drive, Corning IA 50841

Name _____

Address _____

City, State Zip _____

Email _____

Phone No. _____

Age _____ Sex: M F

Events	(Circle One for individual entry)	
	10K Run	5K Run
	5K Walk	1 Mile Walk

Performance T's to Pre-Registered by July 5,
After that & Day of event registrations 'as supply lasts'

Adult T-shirt size: S M L XL

Youth T-shirt Size: S M L XL

Individual Entry Fee: 1 Mile **\$20 by, July 5** \$25 if postmarked after 7/5 or on race day
5K or longer events: **\$25 by 7/5** \$30 is postmarked after 7/5 or on race day

Family Entry Fee for Competitive or Non Competitive Events (*does not have to be the same event for each entrant*) for up to 6 immediate family members (Parents/Guardians/Children at same address):
\$80 by 7/5 or \$95 if postmarked after 7/6 or on race day

Family Entry of up to 6, print clearly: Name, Event, M/F, Age, Shirt Size

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Payment by check with this form or you can register & pay online
debit/credit at: <https://give.chihealth.com/DoctorDash>

CHI Health Mercy Corning Community Wellness Program, Release Form

Activity: 7/30/2022 Doctors Dash Competitive Events, Non-competitive or With a PET

* _____ As a voluntary participant in this event, I realize that it is a potentially hazardous activity and that I should not participate in this event unless I am physically and medically able to do so. I agree to abide by any decision of an event official(s) relative to my ability to safely complete the activity. I assume all risks associated with my participation in this event, including, but not limited to, falls or contact with other participants, animals, any and all risks that may be associated with participation in such an event. Being fully aware of the risks associated with participation in and/or observing this event, I hereby, for myself, my heirs, executors and administrators, fully waive and release all rights and claims that I may have against Alegent Health, its subsidiaries, directors and officers, the organizers, supervisors and other participants (including animals) of said activity or event for any and all injuries (personal or bodily) or property damage sustained while participating in, preparing for, or competing in, or as a spectator, of any activity sponsored by Alegent Health, its agents or representatives. Further, I specifically acknowledge that my participation in this event is elective and voluntary.

*** If participant is less than 19 years old, parent/guardian must initial & sign waiver.**

WITH PET _____ I am voluntarily consenting for my dog/pet(s) to attend and/or participate in this event. I agree that my dog/pet(s) will be under control and on a leash at all times. I agree to abide by event official(s) regarding the removal of my dog/pet(s) from the event. I fully understand the inherent risks of my dog/pet's attendance at and/or my dog/pet's participation in this event (both physically to my dog and to others) and I fully accept any and all risks that may be associate with my dog's/pet(s) participation in and/or observing this event both for my dog/pet(s) and/or for spectators or participants in this event."

Name: _____ Date _____