

UIVA WARRIOR CHALLENGE & 5K RUN WALK 2012 ENTRY FORM

Are you a current member of the Military?

Yes No

If Yes

What Branch? _____

What Unit? _____

Name: _____

First M.I. Last

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-mail: _____

Birth Date: _____ Age on Race day: _____

Male Female

5K (walk/run) Warrior Challenge

If Competing in Warrior Challenge

Team Name: _____

*EACH TEAM MEMBER MUST SIGN UP INDIVIDUALLY

T-shirt size:

XS S M L XL XXL

Entry Fees:

\$15 (5K Current Military)

\$20 (5K Non-Military)

\$25 (Warrior Challenge Current Military)

\$30 (Warrior Challenge Non-Military)

PARTICIPANT MUST SIGN WAIVER ON BACK

Make check payable to: University of Iowa

Veterans Association

Send to: Michael Considine

417 S. Gilbert Street

Apt. 2337

Iowa City, IA 52240

*Online registration is encouraged and available at
getmeregistered.com through March 29th, 2012*

AND A SPECIAL THANKS TO ALL OUR SPONSORS!



Proud Supporter of
**WOUNDED WARRIOR
PROJECT**



*The University of Iowa Veterans
Association (UIVA) presents*

UIVA WARRIOR CHALLENGE & 5K RUN/WALK



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The Race

- ◇ PARTICIPANTS CAN SIGN UP FOR EITHER THE 5K RUN/WALK OR THE WARRIOR CHALLENGE
- ◇ BOTH EVENTS ARE OPEN TO THE PUBLIC

5k Run/Walk

- ◇ ALL LEVELS OF RUNNERS AND WALKERS ARE ENCOURAGED TO COME OUT AND TAKE PART IN THIS GREAT RACE

Warrior Challenge

- ◇ TEST YOURSELF AND YOUR FRIENDS BY COMPETING IN THE WARRIOR CHALLENGE!
- ◇ SIGN UP FOR THE WARRIOR CHALLENGE IN TEAMS OF 4
- ◇ TEAMS WILL COMPETE IN 3 STRONGMAN MILITARY STYLE CHALLENGES

1. TIRE FLIP
2. STONE CARRY
3. WEIGHTED 5K RUN

Entry Fee

5K RUN/WALK

- ◇ \$20.00
- ◇ \$15.00 FOR CURRENT MILITARY

WARRIOR CHALLENGE

- ◇ \$25.00 PER PARTICIPANT
- ◇ \$30.00 PER PARTICIPANT FOR CURRENT MILITARY

Packet Pick-up & Registration

- ◇ PACKET PICK UP AND REGISTRATION WILL BE ON FRIDAY MARCH 30TH, 2012 FROM 4PM-7PM SHERATON IOWA CITY MAIN LOBBY 210 S. DUBUQUE STREET IOWA CITY, IA 52240
- ◇ RACE DAY REGISTRATION ON MARCH 31ST, 2012 WILL BE FOR THE 5K RUN/WALK ONLY FROM 7AM-9:30AM
- ◇ PREREGISTER ONLINE AT GETMREGISTERED.COM

Race Start

- ◇ 8:00AM—WARRIOR CHALLENGE EVENTS BEGIN
- ◇ 10:00AM—5K RACE START
- ◇ 11:00AM—AWARDS CEREMONY

Race Course & Location

- ◇ WARRIOR CHALLENGE EVENTS, RACE START & FINISH, AND AWARDS WILL TAKE PLACE AT HAWKEYE RECREATION FIELDS HAWKEYE PARK DRIVE IOWA CITY, IOWA
- ◇ RACE COURSE WILL RUN OUT OF THE UNIVERSITY REC FIELDS, THROUGH ASHTON CROSS COUNTRY COURSE, AND ONTO IOWA CITY PAVED TRAIL HEADING BACK TO THE REC FIELDS.

Event Day Parking

- ◇ PARTICIPANTS ARE ENCOURAGED TO USE THE CAMBUS SYSTEM TO GET TO THE HAWKEYE RECREATION FIELDS ON RACE DAY
- ◇ LIMITED PARKING WILL BE AVAILABLE IN THE HAWKLOT COMMUTER LOT

Accommodations

- ◇ THE SHERATON IOWA CITY HOTEL IS THE OFFICIAL HOTEL OF THE UIVA WARRIOR CHALLENGE & 5K RUN/WALK. THE SHERATON IOWA CITY HOTEL IS OFFERING PARTICIPANTS A DISCOUNTED RATE. TO GET THE UIVA DISCOUNTED RATE BOOK YOUR ROOM NO LATER THAN FEBRUARY 29TH, 2012. BOOK YOUR ROOM TODAY BY CALLING THE SHERATON IOWA CITY AT 1-800-848-1335

Post Race Activities

- ◇ POST RACE MEAL AND AWARDS FOLLOWING THE 5K
- ◇ 5K AWARDS CEREMONY WILL INCLUDE AGE GROUP AND OVERALL AWARDS
- ◇ WARRIOR CHALLENGE AWARDS WILL INCLUDE A 1st, 2nd, AND 3rd OVERALL TEAMS

Race Director

FOR ALL QUESTIONS AND CONCERNS PLEASE CONTACT
MICHAEL CONSIDINE
712-301-8024
michael-considine@uiowa.edu

THE UNIVERSITY OF IOWA WAIVER AND RELEASE FORM

I understand that the University of Iowa Veterans Association (UIVA) **Warrior Challenge and 5k Run/Walk** to benefit the Wounded Warrior Project taking place on **March 31, 2012** is a strenuous activity with significant potential for injury. I understand that I should not participate in the **Warrior Challenge** unless I am in excellent health and 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.

Potential risks of this event include, but may not be limited to: exacerbation of personal medical conditions; bodily injury such as broken bones, sprains, strains, or more severe injuries to the head, neck, back, or other bodily injuries that could result in permanent disability or death; contact with other participants, vehicles, or equipment on the course; variations of terrain or change in surfaces; fatigue, exhaustion, dehydration; and the effect of weather including the possibility of extreme temperatures, snow, ice, wind and/or rain. I understand that the description of potential risks is not all inclusive and there may be other unknown or unanticipated risks that could result in serious injury or death. Being fully aware of and understanding these risks I choose voluntarily to participate and assume all risks associated with this event.

Having read this waiver and knowing the above facts and in consideration of your accepting my entry, I, acting for myself, my heirs, and anyone entitled to act on my behalf, agree to hold harmless, and do hereby release, waive, and forever discharge The University of Iowa; Board of Regents, State of Iowa; and the State of Iowa and each of their respective employees, agents and representatives; the race coordinators, sponsors and volunteers (Releasees) from any and all claims or liability for all injuries or 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 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 have read, understand, and agree to all terms of the waiver and release form.

*If you are under the age of 18, you must print this page, have it signed by your parent or legal guardian, scan it and return it to michael.considine@uiowa.edu.

Participant's Name: _____

Parent/Guardian's Name (printed) _____

Parent's Signature: _____

Date: _____