



12th Annual City High Girls Cross Country RUN FOR RELIEF 5K

Presented by the City High Women's 2016 Cross Country Team

About this year's beneficiary: The Abbe Center for Community Mental Health is a non-profit outpatient treatment center that recognizes the importance of being emotionally, physically, and socially healthy. The Abbe Center for Community Mental Health has locations across Eastern Iowa, including one in Iowa City.

When: Saturday, November 5, 2016 at 10:00 a.m. (Registration opens at 8:00 a.m.)

Where: Lower City Park (in Iowa City)

Course and Awards: This is a very fast, very flat PR-type course by the Iowa River. Medals will be given to the first 2 finishers of each of the following age groups for both men and women: 12 and under, 13-18, 19-29, 30-39, 40-49, 50-59 and over 60. Walkers are welcome to participate.

Registration:

On the morning of the race, report to the registration table to receive t-shirts and race packets. If you haven't mailed in registration material, you may register at 8 a.m. at lower City Park. To be guaranteed a t-shirt, you must register before October 22. A limited number of t-shirts will be available the day of the race.

Fee:

\$20 per participant (checks payable to City High Women's Cross Country Fundraising) Includes a t-shirt. All proceeds will go to the Abbe Center for Community Mental Health.

\$15 without a t-shirt.

Questions and Comments: Email Emily Bywater (emmersb7@gmail.com) or Nova Meurice (novameurice@gmail.com)

REGISTRATION FORM

Name: _____

Gender: _____ Age: _____ T-Shirt Size (circle one): Youth Large Sm Med lrg xlr None

Signature: _____ Date: _____

Parent or Guardian Signature (if participant is under 18): _____

Waiver and Permissions

I know that running in and volunteering to work for City High Women's Cross Country Fundraising committee are potentially hazardous activities. I should not enter and run, walk, and/or volunteer unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run, walk, and/or volunteer. I also agree that I may be examined and treated if necessary during the course of a race by qualified personnel in the event medical problems of any cause arise. The race officials or the qualified personnel have the right to disqualify me and remove me from the race if, in their opinion, I may be suffering from a life-threatening condition. I assume all risks associated with running in and volunteering for races including, but not limited to, falls contact with other participants, the effects of the weather, including high heat and/or humidity, the conditions of the road and traffic of the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my application for participation in races and/or my volunteering, I, for myself, and anyone entitles to act on my behalf, waive and release the City High Women's Cross Country Fundraising committee and the City of Iowa City from all claims of liabilities of any kind arise out of negligence or carelessness on the part of the persons named to this waiver. I also approve the of my, and/or dependent's picture taken before, during, or after the races for promotional use without further compensation.

Signature: _____ Date: _____

Parent or Guardian Signature (if participant is under 18):

_____ Date: _____