



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

Name _____
 Address _____
 City, State Zip _____
 Email _____

Events (Circle One for individual entry)

6.4 Mile RUN	3.1 Mile RUN
3.1 Mile Walk	1 Mile Walk

Performance T's to Pre-Registered, *Day of event*
 registrations 'as supply lasts' - not guaranteed

Adult T-shirt size: S M L XL
 Youth T-shirt Size: S M L XL

Phone No. _____ **AGE** _____ **Sex: M F**

- Entry Fees: Individual or Walker with Pet: \$20.00 by 7/20 or \$30.00 postmarked after 7/20 or race day
- Family Entry Fee for Competitive or Non Competitive: for up to 6 immediate Family members
 (Parents/Guardians/Children at same address) \$75 by 7/20 or \$95 if postmarked after 7/20 or on race day

CHECK Payment: _____ **OR Credit Card: Name exactly as on Card** _____

Credit card number _____ **Expiration date** _____ **3 digit CID number** _____

Card Type: Mastercard, Visa, or Discover Card (those are the only three we take) Amount to Charge: _____

Family Entry of up to 6: include names of participants, which event, M or F, Age, t-shirt size: print clearly

- _____
- _____
- _____
- _____
- _____
- _____

CHI Health Mercy Corning Community Wellness Program, Release Form

Activity: 7/30/2016 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** _____