

Wellness Center Derby Dash 5K

All proceeds benefit the Cherokee Rotary Backpack for Kids Program

Saturday, May 2nd, 2020

Starting outside the CRMC Wellness Center
300 Sioux Valley Drive, Cherokee, IA 51012



Schedule of Events:

9:00am

Start of 5K

Kids horse crafts for obstacle course

9:45am

1 mile run start

10:00am

Kids obstacle course

Please print legibly and complete the entire entry form. Please make all checks payable to the Cherokee Regional Medical Center. Return registration forms to the CRMC Wellness Center.

5K Run/Walk:

\$20 before April 17 ; \$25 after April 17

Kids 1 Mile Run &/or Horse Obstacle course: (12 years and under)

\$15 before April 17 ; \$20 after April 17

*Shirts and DIY horse not guaranteed after April 17.

COME DRESSED IN YOUR BEST DERBY ATTIRE FOR A CHANCE TO WIN PRIZES!

NAME: _____ AGE ON RACE DAY: _____ MALE() FEMALE()

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE NUMBER: (____) _____ - _____ EMAIL _____

CLEARLY SELECT YOUR EVENT:

() 5k

() KIDS 1 MILE (12 YEARS AND UNDER)

() HORSE OBSTACLE COURSE (12 YEARS AND UNDER)

SELECT YOUR SHIRT SIZE

(CLEARLY CIRCLE ONE BELOW)

YOUTH: YXS YS YM YL

ADULT: S M L XL XXL XXXL

I know that participating in this event is a potentially hazardous activity. I should not enter and participate unless I am medically able and properly trained. I agree to abide by any decisions of a race official relative to my ability to safely complete the race. I assume all risks associated with participating in this event including, but not limited to: falls, contact with other participants or spectators; all such risks being known and appreciated by me. Having read this waiver and knowing these facts are in consideration of you accepting my entry, I for myself and anyone entitled to act for my behalf, waive and release Cherokee Regional Medical Center and their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event even though that liability might arise out of negligence or carelessness on the part of the persons in this waiver.

I hereby authorize that the CRMC Wellness Center and it's representatives or affiliates may use or permit other person's to use interviews and/or photos of me taken at the event for such purposes and in such manner as deemed necessary (including but not limited to newspaper, website, social media) by Cherokee Regional Medical Center and/or the CRMC.

Signature of Participant or Guardian if under 18

Date