

CHI Health Mercy Corning Community Wellness
& Mercy Health Care Foundation Present

All proceeds support Community Wellness
Youth Health Education programs
where youth attend sessions FREE!



18th Annual

DOCTORS DASH JULY 29

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

RUN: 3.2 or 6.5 Miles WALK: 1 or 3.2 Miles

BIG Thanks to Sponsors: ●Dr. Linda Robinson ●Dr. Jeffrey Powell ●Amy Wetzel, Pharm D

●Michael DelCore, MD ●Dr. Gregg A. Drabek ●Dr. John Thomsen, Family Vision Center

●Tom McGinn, MD ●Kinetic Medic Solutions ●Dr. Maria Reyna Fuller, DDS ●Dr. John Safranek

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. 3.2 & 6.5 Mile Runs & 3.2 Mile Walk Begin *(Pets allowed on 3.2 Walk)*

7:35 a.m. 1 Mile Walk Begins *(Pets allowed on 1 mile Walk)*

INDIVIDUAL Entry Fee: 1 Mile **\$20 by 7/19** \$25 if postmarked after 7/19 or on race day

3.2 or longer events: **\$25 by 7/19** \$30 is postmarked after 7/19 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 7/19 or \$95 if postmarked after 7/19 or on race day

Course: City Streets & County Highway (Hills included!), 6.5 Mile course includes running around small, beautiful lake. Past runners think this is a really great but somewhat tough course.

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: ● Medals 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@alegent.org

Forms Available online at <http://www.chihealth.com/CorningWellness>

**Attend the *Lazy Days of Summer Festival* in
Corning, July 28-30!**

Dance, BBQ, Classic Car & Motorcycle Show, Art Show,

Vendors in Park, Kids' Art Fun, Tour Johnny Carson's

Birthplace, Inflatables for Adults & Youth, Breakfast & More!

Contact Chamber of Commerce, 641-322-3243 for more

information or Visit website: www.adamscountyiowa.com

Where You Have the Right to B - FIT
Fitness Sports .com
7230 University Ave, Des Moines, IA, 50311
515/277-4785 or 800/529-7684

Thank you Fitness Sports for online race information!



Mercy Corning

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. _____

Events **(Circle One for individual entry)**

6.5 Mile RUN	3.2 Mile RUN
3.2 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

AGE _____ **Sex: M F**

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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

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

CHI Health Mercy Corning Community Wellness Program, Release Form

Activity: 7/29/2017 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 _____