



17<sup>th</sup> Annual  
**DOCTORS  
DASH**

**JULY 30, 2016  
Corning, Iowa**

**RUN: 3.1 or 6.4 Miles    WALK: 1 or 3.1 Miles**

**BIG Thanks to Sponsors:** ● Amy Wetzel, Pharm D ● Michael DelCore, MD

- Thomas McGinn, MD ● Dr. John Thomsen, Family Vision Center ● Kinetic Medic Solutions  
● Gregg Drabek, MD ● Mark Wellendorf, M.D.

**2016 Special**  
**Individual Entrants: Bring a runner/walker who has not participated in the last  
five years of the Dr. Dash- you both get half price entries!  
Entries must be mailed in together or enter together on race day.**

**EVENT & REGISTRATION Information**

Location: Central Park at Davis & 8<sup>th</sup> SOUTHEAST Corner of park.

6:30 – 7:15 a.m.      Check-in & Race Day Registration  
7:30 a.m.            3.1 & 6.4 Mile Runs & 3.1 Mile Walk Begin **(Pets allowed on 3.1 Walk)**  
7:35 a.m.            1 Mile Walk Begins **(Pets allowed on 1 mile Walk)**

**INDIVIDUAL** Entry Fee:    **\$20 by 7/20**    \$30 if postmarked after 7/20 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):  
**\$75 by 7/20** or **\$95** if postmarked after 7/13 or on race day

Course: City Streets & County Highway (Hills included!), 6.4 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](mailto:marilea.mullen@alegent.org)  
**Forms Available online at** <http://www.chihealth.com/CorningWellness>

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!

**Attend the Lazy Days of Summer Festival in Corning, July 29-31!**  
Dance, BBQ, Classic Car 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](http://www.adamscountyiowa.com)



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**

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

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone No. \_\_\_\_\_

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

<b>6.4 Mile RUN</b>	<b>3.1 Mile RUN</b>
<b>3.1 Mile Walk</b>	<b>1 Mile Walk</b>

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**

- **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 \_\_\_\_\_