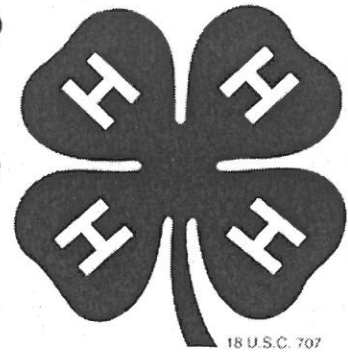


Clover Dash 5K

FOR ORGAN DONATION AWARENESS



Decorah Iowa * April 27, 2019

Registration Form

(Please fill out one form per participant. Be sure to fill out the backside as well.)

Name: _____ Male: _____ Female: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____ Email Address: _____

T-Shirt Size (Circle Size): Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large
Adult XL Adult XXL (add \$3 to registration) Adult XXXL (add \$3 to registration)

Make checks payable to the Winneshiek County Extension Office. Please put Clover Dash 5K on the memo line.

Registration Fee \$25: _____ Extra Donation to the Iowa Donor Network: _____

Important Race Day Info

Registration from 7:30 a.m. to 7:55 a.m.

Opening ceremony 8:00 a.m. with race to follow.

Awards to follow race. Medals will be given to the top 3 male finishers and the top 3 female finishers.

Refreshments will be provided to all participants.

5K Route

The race will start at Wold Park which is north of the fairgrounds. Then cross Quarry Hill Road. Turn left on Ice Cave Road. At stop sign turn left. Run in front of Subway and Pizza Ranch up to bridge. Turn left at the end of the bridge. Go down to Monroe Street and turn left. Go to trail to run back east to cross Quarry Hill Road. Finish line will be back at Wold Park.

Mail Registration Form to:

Winneshiek County Extension Office
Attention: Clover Dash 5K
325B Washington Street
Decorah, IA 52101



I O W A
DONOR NETWORK

REGISTRATION FORM NEEDS TO BE RETURNED BY APRIL 11 TO GUARANTEE A SHIRT.

We will accept registrations after April 11 but can't guarantee a shirt.

All profits will be donated to the *Iowa Donor Network* to promote organ donation awareness.

Contact Chance Adam, event coordinator, with questions at 563-568-1389 or organdonationcloverdash5k@gmail.com. Event website is: www.cloverdash5k.weebly.com.

All information on the back side needs to be filled out in order to participate in this event.

OVER



PERMISSION AGREEMENT, RELEASE AND WAIVER OF LIABILITY

Clover Dash 5K: Organ Donation Awareness

Participant Name: (print) _____
Participant Age: _____
Parent Name: (if participant is under 18) _____
Location of Activity: Decorah, IA
Date of Activity: April 27, 2019

Permission, Release and Waiver of Liability

This event Agreement and Release and Waiver of Liability shall be governed by and construed under the laws of the State of Iowa, which shall be the forum for any lawsuits arising from or incident to this Agreement.

I understand that running and/or walking are strenuous and potentially dangerous activities. I am fully aware of and assume all risks associated with this event including but not limited to: great physical stress, falls, contact with other runners, spectators or obstacles, adverse weather and road conditions, and the presence of vehicular traffic on the race course. I fully assume responsibility for my and my child's own safety (including proper training, stretching, and hydrating) while participating in this event and verify that I and/or my child am/is physically able to compete.

I consent to the use of photographs, video and/or interview information of me or of my child. I authorize medical treatment deemed advisable by any licensed health care provider to relieve any injuries or illness while a participant or observer. I understand that no accident or medical insurance for participants is provided and that that I am financially responsible for charges to the attending physicians or health care unit. I understand that shirt size cannot be guaranteed. I acknowledge that the entry fee is non-refundable and non-transferable. I certify that I have read this document and agree with its contents.

I, _____ (participant or parent or guardian if participant is under age 18) give my permission for the above named individuals to participate in the Clover Dash 5K: Organ Donation Awareness event I hereby RELEASE FROM LIABILITY, IMDEMNIFY, and HOLD HARMLESS the State of Iowa, Board of Regents of the State of Iowa, Iowa State University, ISU Extension and Outreach, Winneshiek County Agricultural Extension District, City of Decorah, and any of the officers, servants, agents and employees of the above-mentioned entities and any event sponsors, representatives, officials and anyone associated with the Clover Dash 5K (hereinafter referred to as RELEASEES) for any liability, claim and/or cause of action arising out of or related to any loss, damage or injury, including death, costs or other expenses or liabilities incurred by me and anyone accompanying me, (including minors I am responsible for during this event), that occurs as a result of my or my child's voluntary participation in this program. This release, however, is not intended to release the above-mentioned RELEASEES from liability arising out of their sole negligence.

BY SIGNING THIS RELEASE AND WAIVER OF LIABILITY, I STATE THAT I HAVE READ AND UNDERSTAND THE CONDITIONS SET FORTH IN THIS RELEASE AND THAT I AGREE TO ALL CONDITIONS SET FORTH HEREIN, AND THAT I SIGN THIS VOLUNTARILY.

Date

Participant Name (please print)

Participant Signature

Signature of Parent or Guardian (if Participant is under age 18)

NOTE: This Agreement and Release and Waiver of Liability must be signed by both the participant and the participant's legal guardian if the participant is not EIGHTEEN (18) YEARS OLD