

# 2016 Get Your Rear in Gear – Des Moines Registration Form - August 27, 2016

- 10K run     10K kids run (14 and under)  
 5K run     5K kids run (14 and under)  
 5K walk     5K kids walk (14 and under)  
 Kids' Fun Run (12 and under)

<b>BIB #</b> <i>(official use only)</i>
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Gender:  Female     Male

First Name / MI / Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Birthdate: month \_\_\_\_ day \_\_\_\_ year \_\_\_\_      Age (race day): \_\_\_\_\_

- I am a colon cancer survivor     I am a member of Team \_\_\_\_\_

**T-Shirt Size:**

- Youth-XS     Youth-S     Youth-M     Youth-L  
 Men's Small     Men's Medium     Men's Large     Men's XL     Men's XXL  
 Women's Small     Women's Medium     Women's Large     Women's XL     Women's XXL

**WAIVER MUST BE READ AND SIGNED WITH ENTRY**

WAIVER & RELEASE: READ THIS! I know that running/walking a road race is a potentially hazardous activity. I should not enter and run/walk unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run/walk. I assume all risks associated with participating in this event including, but not limited to falls, contact with other participants, the effects of weather, including extreme cold, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of acceptance of my entry, I for myself and anyone entitled to act on my behalf, waive and release the Colon Cancer Foundation of Iowa, Colon Cancer Coalition, the City of West Des Moines, Raccoon River Park, and any and all persons, sponsors and entities, their representatives and successors from all claims or liabilities of any kind arising out of my participation even though said liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission for all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose. Parents must sign if participant is under 18 years of age. This is to certify that my child has permission to compete in this event, is in good physical condition and that event officials may authorize necessary emergency treatment.

Print Full Name: \_\_\_\_\_

Signature (Parent or Legal Guardian if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

**Race Day Registration (After August 26, 2016):** Adult 10K or 5K Run/Walk: \$30  
 Youth (12 and under) 10 K or 5K Run/Walk or Kids' Fun Run: \$15

Registration fee                      \$ \_\_\_\_\_                       Check number: \_\_\_\_\_

I would like to donate            \$ \_\_\_\_\_                       Cash     Square: \_\_\_\_\_  
Email required for receipt                      Race day only - Last 4 digits of credit card

**Total Amount**                      \$ \_\_\_\_\_

**ENTRY FEES ARE NON-REFUNDABLE.**

*Entry fee is not tax deductible; donations are deductible to the fullest extent allowed by law.  
 Mail advance registrations to: Colon Cancer Foundation of Iowa, PO Box 65265, West Des Moines, IA 50265*