

ICRR Run for the Schools - Official Entry Form 2007

Please fill out completely and sign the waiver or register online. **One entry per form, please.** This form may be photocopied. Mail completed form to: Iowa City Road Races, PO Box 3471, Iowa City, IA 52244-3471. Drop off at Coralville Running Wild, 1801 2nd Street, Clock Tower Plaza, Cedar Rapids Running Wild, 1950 Dodge Road NE or Core Fitness, 1555 S 1st Avenue, Iowa City. **Register online at runfortheschools.com or active.com**

SCHOOL AFFILIATION/GRADE	

Last Name (Include Jr., Sr.)	First Name	Gender	Age <small>not required for walk</small>
------------------------------	------------	--------	--

Mailing Address	Apt. #	Daytime Phone Number on race day
-----------------	--------	----------------------------------

City	State	Zip Code + 4
------	-------	--------------

Email Address

ENTRY FEE: 1/2m, 1m, 5k, 10k	ENTRY FEE: HALF MARATHON	RACE CATEGORY	T-SHIRTS
ADULT <input type="checkbox"/> \$18 through Sept. 23 <input type="checkbox"/> \$25 Sept 24-Race Day ADULT (no t-shirt) <input type="checkbox"/> \$15 through Sept. 23 <input type="checkbox"/> \$22 Sept 24-Race Day <input type="checkbox"/> Special Family Package: A family of four can register for \$40 before Sept. 23rd. Add \$7 per person for each additional family member. Family team must include 1 adult and all entry forms must be mailed together.	CHILD (12 AND UNDER) <input type="checkbox"/> \$8 through Sept. 23 <input type="checkbox"/> \$14 Sept 24-Race Day CHILD (no t-shirt) <input type="checkbox"/> \$5 through Sept. 23 <input type="checkbox"/> \$10 Sept 24-Race Day Half-Marathon course closes at 2 hours and 45 minutes after the start.	check only one <input type="checkbox"/> GG 1/2 Mile <input type="checkbox"/> AA 1 Mile <input type="checkbox"/> DD 5K Run/Walk <input type="checkbox"/> EE 10K Run/Walk <input type="checkbox"/> AW Wheelchair 1 Mile <input type="checkbox"/> BW Wheelchair 5K <input type="checkbox"/> TW Wheelchair 10K RACE ENTRY PAYMENTS All Fees are Non-Refundable	Short-sleeve only (check one) <input type="checkbox"/> CM Child M (12-14) <input type="checkbox"/> CL Child L (14-16) <input type="checkbox"/> AS Adult S (34-36) <input type="checkbox"/> AM Adult M (38-40) <input type="checkbox"/> AL Adult L (42-44) <input type="checkbox"/> AX Adult XL (46-48) <input type="checkbox"/> AH Adult XXL (50+) Add \$1
<input type="checkbox"/> Check or Money Order made payable to Iowa City Road Races, Inc. <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard		SHIRTS NOT GUARANTEED TO RACE WEEKEND REGISTRANTS	CONTACTS Telephone: 319-321-0280 A portion of every race entry fee will go to our schools. THANK YOU!
Credit Card Signature	Expiration Date		

WAIVER

I know that running a road race is a very strenuous and potentially hazardous activity. I realize that I should not enter and run unless I am medically able and properly trained. Knowing this, I certify that, to the best of my knowledge, I am in excellent physical condition and have no medical condition that could likely worsen by participating in this event. Furthermore, I certify that I have trained properly for this event and agree to abide by any decision made by a race official concerning my participation in the run or walk.

I am fully aware of and assume all risks associated with participating in the event. Risks include, but are not limited to: falls, contact with other participants, the effect of weather including extreme cold or heat, humidity, wind, snow, rain, ice, and conditions of the road. I appreciate and assume all risks associated with the presence of vehicular traffic on the road race course. I am also fully aware that I am solely responsible for my own safety while traveling to and from all events associated with the annual Iowa City Road Races.

In addition, I fully understand that the wearing of headphones while participating in this event could be potentially hazardous to my safety. I further understand that the below-listed sponsoring organizations and entities have recommended against the wearing of headphones while participating in this event.

Having read this waiver and knowing these facts, and in consideration of my accepting my entry, I for myself and anyone entitled to act on my behalf, including my heirs, devisees and personal representatives, waive and release the Iowa City Road Races, Inc. and its Board of Directors, the Race Director, Iowa City Community School District Foundation, Catholic Community Foundation, USA Track and Field, Road Runners Club of America, Iowa State Bank & Trust Company, the cities and counties in which the race is contested, sponsors, race officials, staff, volunteers, and all of their representatives, successors, and assigns, from any and all claims or liability for death or damages for all injuries to me or my property arising out of or in connection with this event, including without limitation, claims or liabilities resulting from those matters described in the preceding paragraphs. This waiver extends to all claims of any kind or nature, whether foreseen or unforeseen, known or unknown.

Furthermore, I grant permission to all foregoing organizations and entities to use any photographs, motion pictures, recordings or any other record of this event for legitimate purposes. In addition, my signature below verifies that I have read and agreed to the terms stated above. I understand that the entry fees are non-refundable.

Participant Signature	You must sign in order to participate!	Signature of parent of guardian <small>(if under 18 years of age, a parent or guardian must sign)</small>
cut along dotted line		cut along dotted line

Run for the Schools - Donation Form

PARTICIPANT: Please fill out information below, collect donations, and return them to your school contact on or before Sept. 23. You may also submit donation form and collected checks at Race Registration & Packet Pickup on Saturday, Oct. 6th or mail to Run for the Schools, 509 S. Dubuque St., Iowa City, IA 52240. Please print.

Name of Race Participant (last, first)	GIFT DESIGNATION: <small>Please insert proper initial (I, R, B) under * below. I = Iowa City Community School District; R = Regina Catholic Education Center; B = Divide Equally</small>
School Affiliation/School Participant Attends	Grade

DONOR'S NAME	ADDRESS (Street, City, State, Zip)	AMOUNT	*