



Going the Extra Smile

5K / 1 Mile ~ Fun Run/Walk Fundraiser for RDH PAC

Registration & Liability Waiver Form

Each participant/participant guardian must sign this form

Please Print

Name _____

Address _____

City, Zip _____

Email** _____

****Email will be used to confirm your registration and RACE MAP will be sent via email.**

This is a non-sanctioned event.

Location: Kirkwood Community College, Linn Hall. Cedar Rapids, Iowa
Check in at Linn Hall

Date: Saturday, May 4, 2019

RAIN OR SHINE (No refunds, all money donated to RDH PAC)

Time: 6:30 am register (if not pre-registered) **START TIME:** 7:00 am

Registration: \$30.00--- **Pre-register by April 19th** Will include t-shirt if registered by **April 19th**
\$20.00 ---**Students-School** _____ Will include t-shirt if registered by **April 19th**
\$30.00-----**Late registrations after April 19th and day of the race (no T-shirts will be available)**

RDH PAC is the only political action committee that represents Iowa dental hygienists and supports candidates in the Iowa legislature who believe in the interests, concerns, and goals of Iowa dental hygienists.

Thanks for your support!

CIRCLE T-SHIRT SIZE: **ADULT: XS S M L XL 2XL** **YOUTH: S M L XL**

Don't Sign Me Up for Cardio ... but please accept my donation to RDH PAC in the amount of \$ _____

***** PLEASE MAKE CHECKS PAYABLE TO: RDH PAC #6477 *****
Questions? Please contact: Brenda Platz at bplatz25@gmail.com

RELEASE OF LIABILITY (Adult)

Waiver: In consideration of the acceptance of this entry I waive all claims for myself and my heirs against the sponsors, cooperating and coordinating groups and any individuals associated with this event and will hold them harmless for any and all injuries which may result from my participation. I hereby give my permission to the media to use my name and photograph in the newspaper, broadcast, and telecast of this event without limitation or obligation. I certify that I am physically fit for this event and understand the risks involved by participating in this event.

Signature _____ **Date** _____

PARENT / GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant name: _____ Birth Date: _____ Sex: _____
Parent/Guardian Name: _____ Phone # : _____

I, grant permission for my child, to participate in the RDH PAC Fun Run/Walk. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the volunteers of IDHA, its officers, directors and agents, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the IDHA, its officers, directors and agents, or representatives associated with the activity for reasonable attorney's fees and expenses arising in connection therewith. Medical Matters: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Signature _____ **Date** _____

**Please return Registration with full payment, T-shirt size & Liability Waiver Form to:
Brenda Platz ~ 1425 East Tartan Drive ~ North Liberty, IA 52317**