Get Moving FOR HEALTHY KIDS

MERCY IOWA CITY

Sunday, August 26, 2012

5k walk/run; youth events; and more!
West High Athletic Field
All proceeds benefit
Healthy Kids Community
Care school-based health clinics!

United Way
United Way of Johnson County

REGISTRATION: Online at **www.communityfoundationofjohnsoncounty.org** or send entry form to Community Foundation of Johnson County, 325 E. Washington, Iowa City, IA 52240
Pay online or make checks payable to: Community Foundation of Johnson County

Day of Event Registration/Packet pick-up - 7:15 AM
5K - 8:00 AM
Kid Events - 9:00 AM

ENTRY FEE: Early Registration (by August 19): **$15 individual or $40 per family**
Family rate up to 4 people. $10 for each additional person.

After August 19: **$20 individual or $60 per family**
Family rate up to 4 people. $15 for each additional person.

HEALTHY KIDS SHIRT GUARANTEED WITH EARLY REGISTRATION!
*Scholarships for registrations available! Contact Community Foundation of Johnson County. at 319.337.0483

A SPECIAL THANK YOU TO OUR GENEROUS 5K EVENT SPONSORS!

UNIVERSITY OF IOWA HEALTHCARE, SCHEEL'S, HERB AND JANICE WILSON

Carol & Gary Fethke, Hawkeye Title, Johnson Co. Medical Society, Hills Bank & Trust, Quality Care Storage, Children's Center for Therapy, Russ and Cyndie Schmeiser, Steindler Orthopedics, Barb & Jim Davis, Andy & Celine Hartwig, Ed & Ann Lorson, United HealthCare, and Progressive Rehab.

Early registration must be returned to Community Foundation of Johnson County or online by Sunday August 19.

Shirt Sizes: Youth Small, Medium, & Large; Adult Small, Medium, Large, XL, XXL

Events: 5K, Youth 800M, Youth 400M, Youth 100M

Please check one: Individual Registration ☐ Family Registration ☐ Total amount due $_____

PAYMENT MUST ACCOMPANY ENTRY FORM!

(please note that age is as of 8/26/12)

Name:_____ School/Team_____ Shirt Size_____ Event(s) _____ Age_____

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Address:_____ City_____ State_____

Zip_____ Phone #_____ Email Address_____

Event Waiver:

I assume all risk associated with participating in this event including, but not limited to falls, contact with other participants, the effect of the weather, traffic, and the conditions of the race surface (road/sidewalks), all such risk being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I for myself, my executors, administrator assignees, do hereby release and discharge the "Get Moving" race sponsors and directors for all claims, actions, whatsoever, in any manner arising or growing out of my participation in "Get Moving". Parents must sign waiver for all participants under 15 years of age.

Signature_____ Date_____

Parent/guardian if under 18_____ Date_____

☐ **I would like to donate $ _____ to Get Moving for Healthy Kids!**