2013 Get Your Rear in Gear – Des Moines Race Day Registration Form

❑ 5K run ❑ 5K kids run (12 and under)
❑ 5K walk ❑ 5K kids walk (12 and under)
❑ Kids fun run (12 and under)
Gender: ❑ Female ❑ Male ❑ I am a colon cancer survivor

BIB #

First Name / MI / Last Name: _____
Email: _____

Street Address: _____

City, State/Province, Zip/Postal Code: _____

Birthdate: month _____ day _____ year _____ Age (race day): _____

❑ 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 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
Adult 5K Run/Walk: $32.00
Youth (12 and under) 5K Run/Walk or Kids Fun Run: $15.00

Registration fee $ _____ ❑ Check number: _____

I would like to donate $ _____ ❑ Cash ❑ Square: _____
Email required for receipt *Last 4 digits of credit card*

Total Amount ***$*** _____

Name on card: _____ Card#: _____

Cardholder's Signature: _____ Card Expiration date: _____

Official Use Only: Bib #'s paid: _____ Paid by bib #: _____

ENTRY FEES ARE NON-REFUNDABLE.
Entry fee is not tax deductible; donations are deductible to the fullest extent allowed by law.

Mail Form and check to:

Davids Fight.org, PO Box 65265, West Des Moines, IA 50265