

# FIRECRACKER 5K FUN RUN

Monday, July 4, 2022

Time 9:00 AM



An Affiliate of UnityPoint Health

The top three finishers (men & women) will receive a medal!  
Top costumed participant (theme: America's Main Street) will receive a prize!

Please print clearly and complete all items. Please use separate form for each runner. You can complete this form and mail it to : CCH Foundation 800 S Fillmore, Osceola, IA 50213 or drop off at 115 East Washington, Osceola, IA 50213

|  |         |              |
|--|---------|--------------|
| Starting Line: 135 W. Washington Osceola, IA 50213 | 9:00 AM | July 4, 2022 |
| Packet Pick-up: 135 W. Washigton Osceola, IA 50213 | 7:00 AM | July 4, 2022 |

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male: \_\_\_ Female: \_\_\_

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

City: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

**\$25.00 by 6/18 | \$30.00 after 6/18**

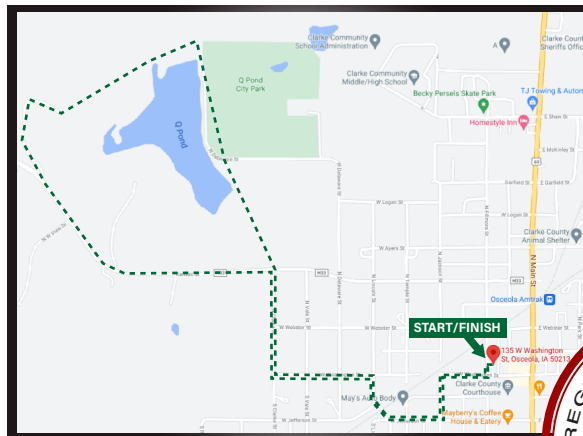
Circle T-Shirt Size (mens):

S M L XL 2XL

T-Shirt size/availability **NOT** guaranteed for all registrants signed up **after June 18<sup>th</sup>**

Check # \_\_\_\_\_ Amount: \$ \_\_\_\_\_ | Cash: \$ \_\_\_\_\_

Make checks payable to: Clarke County Hospital Foundation, 800 S Fillmore, Osceola, IA 50213



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Register online and pay with a credit card by visiting Clarke County Hospital's homepage at: [www.clarkehosp.org](http://www.clarkehosp.org)

### Waiver Form Information

See 2<sup>nd</sup> page - Please return both documents to: **Clarke County Hospital Foundation**  
**800 S. Fillmore St**  
**Osceola, IA 50213**

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/ Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
(If participant is under the age of 18 years old)

For any questions or concerns: feel free to email Tom Bahls at [tbahls@clarkehosp.org](mailto:tbahls@clarkehosp.org) or call him at 641-342-5489.

**Clarke County Hospital 5K Walk/Run – July 4, 2022****Release from Responsibility, Assumption of Risk and Waiver**

Name of Minor Participant (if applicable) \_\_\_\_\_

Name of Participant (or parent, if applicable) \_\_\_\_\_

Address \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

I, either for myself or for and on behalf of my minor child:

- Desire to participate in the Clarke County Hospital 5K Walk/Run.
- Exercise my own free choice to participate in the above designated activity.
- Understand and assume all associated risks.
- Agree to assume all risk of personal injury or loss, bodily injury (including death), damage to or loss or destructions of any personal property occurring in connection with or arising out of participation in the Clarke County Hospital 5K Walk/Run.
- Hereby release and discharge, indemnify and hold harmless Clarke County Hospital and their directors, officers, agents, employees and any other persons or entities acting on their behalf, and the successors and assigns for any and all of the aforementioned persons and entities, against all claims, demands, costs and expenses, and causes of action whatsoever, either in law or equity, arising out of or in any way connected with any loss and/or bodily injury and/or disability, arising from my participation in the Activity.
- Grant Clarke County Hospital, in the event of an emergency, permission to authorize emergency medical treatment for the duration of my participation in this Activity. **I understand that Clarke County Hospital does not carry or provide health or accident insurance that responds to injury or illness as a result of my participation in this Activity.**

Emergency Contact/Phone: \_\_\_\_\_

- Authorize and give full consent to Clarke County Hospital to copyright or publish all photographs or slides in which I or, if applicable, my minor child, appear while a participant in this Activity.
- Further agree Clarke County Hospital may transfer or use these photographs.
- Have had sufficient time to review and seek explanation of the provisions contained above, have carefully read them, understand them fully, and agree to be bound by them. After careful deliberation, I voluntarily give my consent and agree to this Release, Assumption of Risk and Waiver.

This Release of Liability Agreement is agreed to and executed on this \_\_\_\_ day of \_\_\_\_\_, 2021

By: \_\_\_\_\_  
Activity Participant or Parent of Activity Minor  
Child Participant

Printed Name: \_\_\_\_\_

**Please return this document with your race registration**