Rehab Run
5K Run – Walk – Wheelchair
May 1, 2011 – 1:00 pm
Sponsored by the Physical Therapy Student Organization

A portion of the race profits will benefit charity while another portion will benefit the professional development of the University of Iowa Physical Therapy Students.

Race Course and Location: The race will be held at Iowa City Upper City Park. The race begins at pavilion #1. Parking is available near pavilion #1 or at Hancher Auditorium. Check-in for race forty-five minutes before the start.

AWARDS will be presented to the top finisher for male and female runners

Fees: $15 (with T-shirt) before April 15th
$20 after April 15th or on race day (no T-shirt available)

Make checks payable to: Physical Therapy Student Organization

Mail bottom of form and money to:

Graduate Program in Physical Therapy & Rehabilitation Science
Attn: Leah Keller
1-252 Medical Education Building
The University of Iowa
Iowa City, IA 52242

Please Call Leah Keller at 515-238-1969 with any questions.

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Rehab Run/Walk 5K Registration Form

First Name: _____ Last Name_____

Address: _____

City/State/Zip _____

Phone Number:_____ Sex:_____ Shirt Size (circle if ordering): S M L XL

THE UNIVERSITY OF IOWA WAIVER AND RELEASE FORM
(Please use a separate form for each participant)

I understand that running/walking can be strenuous and a potentially hazardous activity. I understand that I should not participate in the **Rehab Run 5K Run/Walk/Wheel** to be held on **May 1, 2011** unless I am in good health and am properly trained to participate in this event. I, knowing this, certify that to the best of my knowledge am in excellent physical condition and have no medical condition that could worsen by participation in this event.

I am fully aware and assume all risks associated with participation in this event, including, but not limited to: bodily injury; exacerbation of personal medical conditions; falls; sprains; strains; contact with other participants, wheelchairs, strollers and animals; and the effect of weather including extreme temperatures, humidity, wind and/or rain.

Having read this waiver and knowing the above facts and in consideration of you accepting my entry, I, for myself and anyone entitled to act on my behalf, agree to hold harmless, and do hereby waive and release The University of Iowa; Board or Regents, State of Iowa; and the State of Iowa and each of their respective employees, agents and representatives; the race coordinators; race officials; sponsors and volunteers (Releasees) from any and all claims or liability for all injuries whether caused by my fault or negligence, the fault or negligence of the Releasees or the fault or negligence of any third party. This waiver extends to all claims of any kind or nature, whether foreseen or unforeseen, known and unknown.

My signature below verifies that I have read and agreed to the terms stated above.

_____ _____ _____
Printed Name Signature Date

If participant is under the age of 18, signature of a parent or guardian is required

_____ _____ _____
Printed Name of Parent/Guardian Signature Date