

# 12<sup>th</sup> Annual Doctors Dash

## July 30, 2011 Corning, Iowa

Doctors Dash  
Proceeds to Support  
Community Wellness  
Summer Kids Camp:  
Youth Attend Summer  
Sessions FREE!  
Great Wellness  
Program for Youth!

### 5K & 10K Runs, 5K & 1 Mile Walks & Family/Youth 1 Mile Walks

Sponsored by:

- Maen Haddadin, MD
- Bethel Kopp, MD
- Stephen Gruba, MD
- Michael DelCore, MD
- Thomas McGinn, MD
- Phillip A. Linqvist, MD
- John Thomsen, OD of Family Vision Center
- Amy Wetzel, Pharm D
- Maria Fuller, DDS of
- Thomas Atteberry, MD of



**REGISTRATIONS & EVENTS BEGIN AT Central Park at Davis & 8<sup>th</sup>** (Turn west on 6<sup>th</sup> Street by Casey's Store, go west to Davistake right & go north, park is across from Courthouse. Please note DAVIS Avenue: Benton is closed by park for barbeque competition.)

**Time: 6:30 - 7:00 a.m.** Check-in & Race Day Registration

**7:30 a.m.** 5K/10K Runs & 5K Walk Begin

**7:35 a.m.** 1 Mile Walk Begins

**7:40 a.m.** 1 Mile Family/Youth Walk

*Post Race Refreshments Provided by  
Corning HyVee  
& Iowa National Guard*

**Entry Fee:** \$15.00 by 7/20 **\$20.00 Postmarked after 7/20 or on race day**

**Course:** City Streets & County Highway (Hills included!), 10K course includes running around small, beautiful lake. Past runners think this is a really great but somewhat tough course.

**Divisions:** (*excluding family walk*) Male & Female Divisions for each event

Age Divisions: 14 & under, 15-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70 & over

Youth Walk Participants- one division & only ribbons given out.

**T-shirts:** Early Registrants guaranteed T-shirts

**Awards:** • Medals 1-2-3 in each age division/event • Trophy to Top Female & Male/event • Youth Walk Ribbons

#### Family Walk

**Family Walk:** One mile route; no medals given to participants; t-shirts while they last (guaranteed to pre-registered). Family consists of parent(s) or grandparent(s) walking with their children/grandchildren ages 14 and under

Family Fee: \$25.00 per family by 7/20  
or \$35.00 after 7/20

**1-mile Youth-Walk:** Supervised walking for youth ages 4-12. This is a non-competitive event with ribbons given. (Great option for parents participating in competitive events!)

#### **Special Awards:**

1. To family with most participants in 2011 Doctors Dash
2. Oldest Participant in Competitive Event
3. Youngest Participant in Competitive event

Attend the *Lazy Crazy Days of Summer* Festival in Corning, July 29-30! Dance, Barbeque, Farmers Market, Art Show, Parade, Breakfast & More! Contact Chamber of Commerce, 641-322-3243 for more information! Or visit website: [www.adamscountyiowa.com](http://www.adamscountyiowa.com)

For Registration or Questions regarding  
**Doctors Dash:** Contact Marilea Mullen at  
**641-322-6276 or [marilea.mullen@alegent.org](mailto:marilea.mullen@alegent.org)**

## Make Payment to Mercy Health Care Foundation

Mail Completed Form & Payment to: Mercy Health Care Foundation, 603 Rosary Drive, Corning IA 50841

### Entry Form, PLEASE PRINT!!

Sign release form below too!

#### Individual Events (Circle One)

Name \_\_\_\_\_

10K                      5K                      5K walk                      1 Mile Walk

Address \_\_\_\_\_

or 1 Mile Youth-Walk *(Supervised)*

City, State Zip \_\_\_\_\_

Adult T-shirt size:    S            M            L            XL

Youth T-shirt Size:    S            M            L

Email \_\_\_\_\_

Phone No. \_\_\_\_\_

**Individual Entry Fee: \$15.00 before July 20**

**AGE** \_\_\_\_\_

**Sex: M F**

*\$20.00 postmarked after 7/20 or on race day*

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**Family Walk Fee: Early fee per family is \$25.00 or \$35.00 postmarked after 7/20/2011 or on race day**

**Family Walk: please include names of participants/Age/t-shirt size**

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**Alegent Health Mercy Hospital, Corning, Iowa**

**Community Wellness Program, Release Form**

Name \_\_\_\_\_ Activity: 7/30/2011 5K 10K Run, 5K or 1-mile walk, or Youth-walk or family walk

As a participant in an **Alegent Health Mercy Hospital Corning, Iowa (Facility)** sponsored activity, I hereby, for myself, my heirs, executors and administrators, fully waive and release all rights and claims that I may have against Alegent Health; its subsidiaries, directors and officers, **the Facility**, the organizers, supervisors and other participants of said activity for any and all injuries (personal or bodily) or property damage sustained while participating in, preparing for or competing in, or as a spectator, of any activity or sports program sponsored by the **Facility**, its agents or representatives. Further, I specifically acknowledge that my participation in all **Facility** activities is elective and voluntary.

Signature: \_\_\_\_\_ Date \_\_\_\_\_ Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**This section to be completed if participant is less than 19 years old:**

I/We, the parent(s)/guardian(s), of the above participant, hereby give my/our approval to his or her participation in any and all **Facility** sponsored activities. I/We assume all risks and hazards incidental to such participation including, but not limited to, transportation to and from the activities; and I/We do hereby waive, absolve, indemnify and agree to hold harmless Alegent Health, its subsidiaries, **the Facility**, the organizers, sponsors, supervisors, participants and any other agents or representatives from any claim arising out of an injury to my/our child. I/We understand that coaches, managers, umpires, referees, their assistants, or anyone who prepares any playing field shall not be liable for the injury or death of any participant in all Facility activities which results from the negligence of any of the above-listed individuals.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_