



**Sunday, August 28, 2011**

5k walk/run; youth mile; and more!

Starts at City High Athletic Field

**All proceeds benefit Healthy Kids Community Care school-based health clinics!**

**A Program of United Way of Johnson County**



**REGISTRATION:**

Online at [www.communityfoundationofjohnsoncounty.org](http://www.communityfoundationofjohnsoncounty.org) or send entry form to Community Foundation of Johnson County, 325 E. Washington, Iowa City, IA 52240

**Make Checks payable to: Community Foundation of Johnson County**

**FREE PEDOMETER FOR YOUTH PARTICIPANTS WHO REGISTER BEFORE MEMORIAL DAY!**

Questions, call (319)337-0483

**ENTRY FEE:**

**EARLY REGISTRATION (by August 21st): \$15 individual or \$40 per family**

Family rate up to 4 people. \$10 for each additional person.

**After August 21st: \$20 individual or \$60 per family**

Family rate up to 4 people. \$15 for each additional person.

**HEALTHY KIDS SHIRT GUARANTEED WITH EARLY REGISTRATION!**

**A SPECIAL THANK YOU TO OUR GENEROUS SPONSORS!**

Carol and Gary Fethke - Community Foundation of Johnson County - Hawkeye Title - Iowa Pediatric Dental - Johnson County Medical Society - Midwest One - North Liberty Family Care - Neumann Monson - Art and Ginger Nowak - Pediatric Associates - Progressive Rehab - Steindler Orthopedic - The Iowa Children's Museum - Toyota-Scion of Iowa City UI Hospitals & Clinics - Herb and Janice Wilson - UI Community Credit Union

Early registration must be returned to The Community Foundation of Johnson County or online by Sunday August 21st

**Shirt Sizes: Youth Medium, Adult Small, Medium, Large, XL, XXL Events: 5K, Youth Mile, Youth 400M, Youth 100M**

**Please check one: Individual Registration  Family Registration  Total amount enclosed \$ \_\_\_\_\_**

**PAYMENT MUST ACCOMPANY REGISTRATION FORM!** Downloaded via [RunningWall.com](http://RunningWall.com)

Name: \_\_\_\_\_ School \_\_\_\_\_ Shirt Size \_\_\_\_\_ Event \_\_\_\_\_

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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 \_\_\_\_\_