

# Prairie of Miracles 5k

## Saturday, April 1<sup>st</sup>, 2017

*Proceeds from this event will benefit University of Iowa  
Children's Hospital through Children's Miracle Network*

8:30-9:15 Packet Pick-up and Registration  
9:15-9:30 Opening Ceremony  
9:30-11:00 Race  
10:15-10:30 Closing Ceremony  
9:45-11:30 Post Race

PrairieOfMiracles5k.weebly.com  
PrairieOfMiracles5k@outlook.com



### Where:

College Community School District  
401 76<sup>th</sup> Avenue SW, Cedar Rapids, IA 52404

### Race Fee:

February 1<sup>st</sup> - March 20<sup>th</sup> Early Registration - \$20.00  
(Mail-in must be postmarked by March 13<sup>th</sup>)

April 1<sup>st</sup> Day of Registration - \$25.00  
(In-person only)

- No refunds available. Contact the Race Director by March 13<sup>th</sup> to make transfers. -

### Mail Registration Form to:

Prairie of Miracles 5k  
Prairie High School  
401 76<sup>th</sup> Avenue SW  
Cedar Rapids, IA 52404

Register Online at: [www.GetMeRegistered.com/PrairieofMiracles5k](http://www.GetMeRegistered.com/PrairieofMiracles5k)

Make Checks Payable to: College Community School District

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

Email: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Shirt Size: YS \_\_\_\_\_ YM \_\_\_\_\_ YL \_\_\_\_\_ S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ XXL \_\_\_\_\_

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

**Waiver and Release:** I fully understand that running or walking in a race may result in accidents, illness, or serious injury. I am voluntarily participating in the Prairie of Miracles 5k (hereinafter the "5k") sponsored by the Prairie High School Student Council (hereinafter the "Student Council") with a complete understanding of the risks associated with participation in the 5k. By signing this Waiver and Release Form, I declare that I am medically able, in proper physical condition and capable of safely participating in the 5k. In consideration for being allowed to participate in the 5k, I agree to defend, release, and hold harmless the 5k Committee, Student Council, Prairie High School, College Community School District, the City of Cedar Rapids, the premises owner and the 5k sponsors including each of their respective directors, members, agents, and volunteers from any and all actions, claims, liabilities, damages, costs, expenses (including attorney fees and medical expenses) and losses that may directly or indirectly result from my conduct, my participation, or the conduct of any other persons (including other participants, members, or the general public), who may cause me injury, damage or harm, before, during, following, and at the 5k. I understand and agree that this Waiver and Release is binding on me and my heirs, successors, personal and legal representatives. I hereby give permission to the 5k Committee and its representatives to use my name, other personal identifying information (city, age, sex, etc.), photograph, videotape, motion picture recording, voice and likeness for 5k Committee purposes, including, but not limited to, registration, results, and publicity. I have carefully read this Waiver and Release and fully understand its content. By my signature below, I consent and agree to the terms of this Waiver and Release.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian (if under 18) \_\_\_\_\_