



3rd ANNUAL POLK COUNTY CLOVER DASH 5K

July 22, 2017 @ 8:30 AM

***“Joyfully moving with our head and hands
for our heart and health.”***

Location

Race: Iowa State Fairgrounds-4-H Building (SW corner of the fairgrounds)

Awards: Inside the 4-H Building

Divisions

- 12 and under, 13-18, 19-29, 30-45, 46-59, and 60+
- All ages & skill levels are encouraged to participate!

Awards presented immediately after race results are tabulated

- Overall best time for male and female finishers
- Awards for top male & female finishers in each age division

Registration

\$15 YOUTH (ages 0-12)*

\$20 Late Registration, *after July 1*

\$25 ADULT (ages 13+)*

\$35 Late Registration, *after July 1*

*Pre-registration guarantees a t-shirt.

All participants & spectators are invited to enjoy the Polk County Fair following the race, exploring exhibits and learning about 4-H.

Polk County Fair: July 19-24

Packet Pick-up

Friday, July 21 from 4:00-7:00 PM

@ Fleet Feet Sports (521 E. Locust St, Des Moines, IA)

Additional Packet Pick-up

Saturday, July 22 from 7:30-8:30 AM

@ Iowa State Fairgrounds 4-H Building

Race Day Registration

7:30-8:15 AM

@ west entrance of the 4-H Building

Race Start | 8:30 AM

@ north entrance of the 4-H Building

Race Timing

Chip timing services provided by The Open Road Chip Timing, LLC

Post-Race

- Snacks will be served immediately after the race
- Awards presented in the 4-H Building immediately after race results are tabulated

Online Registration

www.GetMeRegistered.com

We need volunteers!

www.SignUpGenius.com

Questions?

- Contact Rebecca Osthus @ 515.252.7068
- Email *Clover Dash 5K Team*: info@polkcountycloverdash.org

All proceeds go to support Polk County 4-H youth in memory of Joy Niklasen, former Polk County 4-H Youth Coordinator.

3rd Annual Polk County Clover Dash 5K Registration Form

Saturday, July 22, 2017 @ 8:30 am | Iowa State Fairgrounds, 4-H Building

Name:			
Address:			
City:	State:	Zip:	
Email:			
Phone: ()			
Age:	Birthdate:	/ /	Sex: Female Male
Shirt Size CIRCLE ONE YS YM S M L XL XXL XXXL			
Emergency Contact Name:			
Emergency Contact Phone: ()			

Participant Signature _____

Parent of guardian signature of participant is under age 18.

Date _____ / _____ / **2017**

Make checks payable to Polk County Extension

Send Registration Form to:

ISU Extension and Outreach

C/O Marci Vinsand

1625 Adventureland Drive, Ste. A

Altoona, IA 50009



Assumption of Risk, Release and Waiver of Liability Liability Form

Please Read and Sign Below:

I am a voluntary participant in this event and in good physical condition. I understand that running and/or walking are strenuous and potentially dangerous activities. I am fully aware of and assume all risks associated with this event including but not limited to: great physical stress, falls, contact with other runners, spectators or obstacles, adverse weather and road conditions, the presence of vehicular traffic on the race course, and participant negligence. I fully assume responsibility for my own safety (including proper training, stretching, and hydrating) while participating in this event and verify that I am physically able to compete. If I do not follow all rules of this event, I understand that I may be removed from the competition.

Having read this wavier, I agree to RELEASE from LIABILITY, INDEMNIFY and HOLD HARMLESS the Polk County Clover Dash 5K Race Committee; State of Iowa; Board of Regents of the State of Iowa; Iowa State University; ISU Extension & Outreach; Polk Agricultural Extension District; Polk County Fair Board; Polk County 4-H Advisory Board, Polk County 4-H County Council; Iowa State Fair Blue Ribbon Foundation; the Iowa State Fair, and their officers, employees, agents, affiliates and all sponsors, officials, representatives and anyone associated with the Polk County Clover Dash 5K for any and all liability for any injury or damages whatsoever incurred by me and anyone accompanying me, including minors I am responsible for during this event, resulting from any participation in this event.

I consent to the use of photographs, video and/or interview information of me or my child. I authorize medical treatment deemed advisable by any licensed health care provider to relieve any injuries or illness while a participant or observer. I understand that no accident or medical insurance for participants is provided and that that I am financially responsible for charges to the attending physicians or health care unit. I understand that shirt size cannot be guaranteed. I understand that this Waiver and Release may be stored electronically and agree that a copy is authentic and admissible as evidence in any future dispute or proceeding. I understand that all entries are final with no refund, and that the race organizers reserve the right in the event of an emergency or local or national disaster to cancel the race or to change the day/time of the event and there is no refund of entry fees.

I acknowledge that I have read this document and am aware of associated risks.

Printed Name _____

Signature _____

Parent or guardian signature if participant is under age 18.

Date _____ / _____ / **2017**