

6th Annual Polk County Clover Dash 5K

Registration Form

Sunday, July 19, 2020 @ 8:30 am | Iowa State Fairgrounds

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: ()		
How did you find out about our race?		

Participant Signature _____

Parent or guardian signature if participant is under age 18.

Date ____ / ____ / 2020

Make checks payable to Polk County Extension

Send Registration Form and Check to:

ISU Extension and Outreach

C/O Megan Freel

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 waiver, 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 injuries 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 ____ / ____ / 2020