Rehab Run

5K Run~Walk~Wheel – May 1, 2010 – 9:00 am

Sponsored by the Physical Therapy Student Organization

Race profits will benefit the Foundation for Physical Therapy Pittsburgh-Marquette Challenge. The Foundation's mission is to fund research for evidence-based physical therapist practice, enhance the quality of physical therapist services for patients and clients, and increase the number of physical therapy researchers. For more information, please visit www.foundationforphysicaltherapy.org.

Race Course and Location: Race held at Iowa City Upper City Park. Race starts at pavilion #1. Parking is available near pavilion #1 or at Hancher Auditorium. Check-in for race one hour before the start.

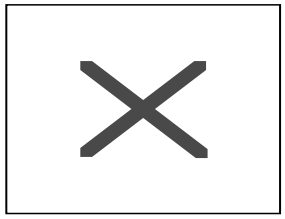
AWARDS will be presented to the top finisher for male and female runners

Fees: $15 (with T-shirt) before April 13th.
$15 after April 13th or on race day (no T-shirt available)

Make Checks Payable to: Physical Therapy Student Organization

Mail bottom of form and money to:
Graduate Program in Physical Therapy & Rehabilitation Science
Attn: Carrie DeSotel
1-252 Medical Education Building
The University of Iowa
Iowa City, IA 52242

Please call Carrie DeSotel at 319-350-0794 with any questions.



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Rehab Run/Walk
5K Registration Form

First Name: _____Last Name:_____

Address:_____

City/State/Zip:_____

Phone Number:_____ Sex:_____ Shirt Size (circle if ordering): S M L XL

This form downloaded at www.FitnessSports.com

THE UNIVERSITY OF IOWA WAIVER AND RELEASE FORM
(Please use a separate form for each participant)

I understand that running/walking can be strenuous and a potentially hazardous activity. I understand that I should not participate in the **Rehab Run 5K Run/Walk** to be held on **May 1, 2010** unless I am in good health and am properly trained to participate in this event. I, knowing this, certify that to the best of my knowledge am in excellent physical condition and have no medical condition that could worsen by participating in this event.

I am fully aware and assume all risks associated with participating in this event, including, but not limited to: bodily injury; personal medical conditions; falls; sprains; strains; contact with other participants, strollers and animals; and the effect of weather including extreme temperatures, humidity, wind and/or rain.

Having read this waiver and knowing the above facts and in consideration of you accepting my entry, I, for myself and anyone entitled to act on my behalf, agree to hold harmless, and do hereby waive and release The University of Iowa; Board of Regents, State of Iowa; and the State of Iowa and each of their respective employees, agents and representatives; the race coordinators; race officials; sponsors and volunteers (Releasees) from any and all claims or liability for all injuries whether caused by my negligence, the negligence of the Releasees or the negligence of any third party. This waiver extends to all claims of any kind or nature, whether foreseen or unforeseen, known or unknown.

My signature below verifies that I have read and agreed to the terms stated above.

_____ _____ _____
Printed Name Signature Date

If participant is under age 18, signature of parent or guardian is required.

_____ _____ _____
Printed Name of Parent/Guardian Signature Date