



Event	Before Aug 25	Aug 25 & After
5K Run, Walk	\$32	\$37
Family Fun Walk		
Age 15 & younger	\$22	\$22

\$2 processing fee will be added to each registration

COMPLETED FORMS MUST BE MAILED TO:
ESPECIALLY FOR YOU
 701 10th St SE
 Cedar Rapids, IA 52403
BY Aug 25, 2023

Long-Sleeved T-Shirt Size:
 (check one)

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> Youth X-Small | <input type="checkbox"/> Large |
| <input type="checkbox"/> Youth Small | <input type="checkbox"/> X-Large |
| <input type="checkbox"/> Youth Medium | <input type="checkbox"/> 2X-Large |
| <input type="checkbox"/> Small | <input type="checkbox"/> 3X-Large |
| <input type="checkbox"/> Medium | |



Retro Heather Pink

Emergency Contact Name:

Emergency Contact Phone:

Check box if you'd like to be recognized with a survivor scarf (optional):

<input type="checkbox"/> No	<input type="checkbox"/> Pink	<input type="checkbox"/> Other
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Corporate or Group Team: (Optional)

Employee of Corporate Team? (check one)

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Do you want to Donate goody bag? (check one)

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Note: You will still receive t-shirt if goody bag is donated.

Event: (check one)

<input type="checkbox"/> 5K Run (timed)	<input type="checkbox"/> 5K Walk (not timed)	<input type="checkbox"/> Family Fun Walk (not timed)
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First Name:

Last Name:

Gender: (check one)

<input type="checkbox"/> Male	<input type="checkbox"/> Female
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Date of Birth:

<input type="text"/> Month	<input type="text"/> Day	<input type="text"/> Year
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Email :

Phone: () -

Address:

ZIP:

City:

State:

Especially for You Race Waiver of Liability and Media Release

In consideration of the acceptance of this event entry and the opportunity to participate in the Especially for You Race Against Breast Cancer ("EFY"), I forever release and discharge any and all rights, demands, claims for damages and causes of suit or action, known or unknown, that I may have against EFY and all participating event sponsors, City of Cedar Rapids, and the directors, officers, employees and agents of such parties, for any and all injuries resulting from my participation (or that of my child) in said event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assigns. I assume all expenses in the event of accident, illness or other incapacity regardless of whether I have authorized such expenses. Further, I certify that I am (or my child is) physically fit and sufficiently trained to participate in this event.

I understand that my participation (or that of my child) in this event may expose me to risks, which could result in injury or death, including, but not limited to: falls, contact with other participants, negligent acts of other participants, and the effects of weather, road, and environmental conditions during the race. Further, I acknowledge that I (or my child) may be exposed to risks that may not be foreseeable. I knowingly and freely assume all such risks and voluntarily participate in this event.

In the event that I (or my child) participate in a virtual version of EFY, where I walk or run on my own, on a date and time of my choosing, in a location and route of my choosing, which will not have any support or security measures provided by EFY, I acknowledge that participating in the activity outlined by the virtual event is a potentially hazardous activity, which could result in injury or death. I understand that my participation (or that of my child) in this event may expose me to risks including, but not limited to: falls, contact with pedestrians, and the effects of weather, road, and environmental conditions. Further, I acknowledge that I (or my child) may be exposed to risks that may not be foreseeable. I knowingly and freely assume all such risks of virtually participating in EFY and voluntarily participate in this event.

I further agree to abide by the Center for Disease Control's (CDC) recommendations for the prevention of the spread of COVID-19 and attest to having read the CDC's guidance at: <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>.

I grant permission to EFY and its affiliates and sponsors to use any photographs, motion pictures, recordings, or any other record of this event through any media now and in the future for any purpose including, but not limited to, promoting, advertising, and marketing. I understand that I will receive no compensation in connection with the use of my image, voice, and/or likeness (or that of my child). By providing my email address, I am giving Mercy permission to send me updates on EFY--related information and upcoming events at Mercy. Mercy will not sell my email address to third parties. I agree to abide by any decision of an EFY official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason.

I agree that EFY is not responsible for any personal items or property that are lost, stolen, or damaged at or during the event. I understand that the registration fee is non-refundable under all circumstances, including, but not limited to, cancellation of the event, withdrawal on my part, or change in the date, nature, or format of the event. The event may be cancelled or changed for any reason, including, without limitation, inclement weather or other factors that threaten the safety of participants, staff, volunteers, or the community.

If any part of this agreement should be deemed unenforceable, that portion of the agreement is severable, and the remaining portions shall remain in full effect.

I certify that I understand and have read the above carefully.

Signature:

Date:

Payment: Credit Card Cash Check (Check payable to: Especially for You)

Card Number:

CVV (Card Security Code):

Expiration Date: Month Year

Cardholder Signature:

Office Use

Date Entered:
Person Entered:

Person Verified:
Coupon Code:
 (If applicable)