

CHI Health Mercy Corning Community Wellness & Mercy Health Care Foundation

Life Has Changed for Events but we are going for our **FIRST VIRTUAL RUN/WALK!**

All proceeds support Community Wellness Youth Health Education programs where youth attend sessions FREE. Our staff provides programs in our local communities to encourage youth to have healthy habits and to learn about their health!
Help support the cause by being part of the Doctors Dash!



This would have been our 21st Annual

BUT Now it is Our
FIRST VIRTUAL
DOCTORS DASH

RUN OR WALK September 19-October 16

RUN: 3.2 or 6.5 Miles WALK: 1 or 3.2 Miles

SPONSORS

- Amy Wetzel, Pharm D • Ashley Neils, MD • Michael DelCore, MD
- Gregg A. Drabek, MD • Romaine Sangha, MD, Kinetic Medic Solutions
- Dr. John Thomsen, Family Vision Center • Paislee Dalton, ARNP

REGISTRATION BY **THURSDAY, August 13** to guarantee shirt and gaiter for your entry.

INDIVIDUAL: Entry Fee \$25 per person for whichever event you choose to do for YOU to support our youth programs!

FAMILY: Entry Fee for up to 5 family members (Parents/Guardians/Children at same mailing address): **\$100**

What you get for entering: 1. Long Sleeve performance T-Shirt; 2. Neck Gaiter (can be used as Neck protection/Mask/Headband); 3. Our Thanks for helping us support youth programs in Adams & Taylor County School districts!

SPECIAL Option:

EMAIL A PICTURE OF DOING RUN/WALK and Wearing your Doctors Dash Shirt by 10/17/2020:
Get into Drawing for FITBIT!

For Registration or Questions regarding Doctors Dash:
Contact Marilea Mullen, 641-322-6276 or marilea.mullen@alegent.org
Forms Available online at <https://www.chihealth.com/DoctorDash>



Entry Form: PLEASE PRINT!! *Sign release form below too!*

Make Payment to Mercy Health Care Foundation or See Credit Card Info below
Mail Completed Form & Payment to: Mercy Health Care Foundation, 603 Rosary Drive, Corning IA 50841

Name _____

Address _____

City, State Zip _____

Email _____

Phone No. _____

Event You Plan to Complete Virtually:

6.5 Mile RUN 3.2 Mile RUN

3.2 Mile Walk 1 Mile Walk

Performance Long Sleeve T's to Pre-Registered,
After date not guaranteed

Adult T-shirt size: S M L XL

Youth T-shirt Size: S M L XL

AGE _____ Sex: M F

INDIVIDUAL Entry Fee: **\$25** but to guarantee shirt/gaiter must be received by August 13.

FAMILY: Entry Fee for up to 5 family members (Parents/Guardians/Children at same mailing address): **\$100**

CHECK Payment: _____

OR Credit Card: Name exactly as on Card _____

Credit card number _____ **Expiration date** _____ **3 digit CID number** _____

Card Type: Mastercard, Visa, or Discover Card (those are the only three we take) Amount to Charge: _____

Family Entry of up to 5: include names of participants, M or F, Age, t-shirt size: print clearly

1. _____
2. _____
3. _____
4. _____
5. _____

Entry Packets with Shirt & Gaiter will be available for pick up September 14-19 at Wellness Center in Corning.

OR Please indicate if you want shirt/gaiter mailed to you, check mark box:

CHI Health Mercy Corning Community Wellness Program, Release Form

Activity: 2020 Doctors Dash VIRTUAL Event

* _____ As a voluntary participant in this event, I realize that it is a potentially hazardous activity and that I should not participate in this event unless I am physically and medically able to do so. I agree to abide by any decision of an event official(s) relative to my ability to safely complete the activity. I assume all risks associated with my participation in this event, including, but not limited to, falls or contact with other participants, animals, any and all risks that may be associated with participation in such an event. Being fully aware of the risks associated with participation in and/or observing this event, I hereby, for myself, my heirs, executors and administrators, fully waive and release all rights and claims that I may have against Alegent Health, its subsidiaries, directors and officers, the organizers, supervisors and other participants (including animals) of said activity or event for any and all injuries (personal or bodily) or property damage sustained while participating in, preparing for, or competing in, or as a spectator, of any activity sponsored by Alegent Health, its agents or representatives. Further, I specifically acknowledge that my participation in this event is elective and voluntary.

*** If participant is less than 19 years old, parent/guardian must initial & sign waiver.**

Name: _____ Date _____