



Do-Run-Run
“Longer Strides for Longer Lives”
Registration Form

Mail registration form and payment to:
PRSSA Do-Run-Run
326 Lang Hall
University of Northern Iowa
Cedar Falls, IA 50613



Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Age: _____ Email: _____

Entry Fee (Check One):

Before March 31st: \$20 _____

After March 31st: \$25 _____

Total Enclosed (Non-Refundable): _____
(Check or Cash Only)

T-Shirt Size (Please Circle One):

Adult: S M L XL

Waiver of Consent and Liability:

In consideration of your acceptance of this entry, I hereby, for myself, my heirs, executors, administration, waive any and all rights and claims for damages I may have against individuals associated with UNI PRSSA, Cystic Fibrosis Foundation, Do-Run-Run, all sponsors, officials, representatives, successors, and assigns, for all injuries suffered by me during, because of, or in travels to or from said event. I attest and verify that I have full knowledge of the risks involved in this event and am physically fit and sufficiently trained to participate.

Signature: _____

If under 18, parent/guardian must sign and a secondary emergency contact must be listed.

