



WASHINGTON COMMUNITY SCHOOLS DEMON DASH FOR CASH 5K/MILE RUN



Saturday, April 17, 2010

Location: Washington Jr. High School
1111 South Avenue B
Washington, IA 52353

Mail bottom section to: DEMON DASH FOR CASH
Washington Community School District
PO Box 926
404 West Main
Washington, IA 52353

Time: Race- 9:00 AM Race Day Registration- 8:00AM

Groups: 10 and under, 11-18, 19-29, 30-39, 40-49, 50-59 and 60+
All groups include Male and Female

Awards: Trophy for overall male and female winner- 5K Run/Walk
Medals for 1st and 2nd, male and female, in each age group- 5K Run/Walk
Trophy for Costumes-
Best Group Costume- 5 or more people (Runners are reminded that all costumes
Best Family Costume- 3 or more people must be appropriate.)
Best Adult Costume
Best Student Costume- One for each WCSD School

Questions: Direct all questions to Teri Hartzler, Bodywrx Fitness- 319-653-6500 Or e-mail- info@bodywrxfitness.com

(Make checks payable to **DEMON DASH FOR CASH**)- Money will be split between the four schools
All proceeds will be spent on the improvement of physical fitness of the students of Washington Schools

Last Name: _____ First name: _____

Parent Name (If under 18): _____

Address: _____ City: _____ State: _____ Zip: _____

RACE (Circle One) 5 K 1 Mile run/walk Age on day of race: _____ M F

T-Shirt Size (Circle One) **CHILD** M L **ADULT** S M L XL XXL

Washington CSD Students and Teachers (List grade for students and teachers below)

Stewart Elementary Grade	Lincoln Elementary Grade	Jr. High Grade	High School Grade
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Circle appropriate entry fee- One registration per participant

Registration Postmark (No refunds)	Adult	Washington CSD Teacher (Pre K-12)	Student	Family (Up to 4- After that \$7 per person) Send all family reg in same envelope	Total
Postmarked by April 10 (T-Shirt guaranteed)	\$20	\$15	\$7	\$40	
After April 10 or Race Day (No-Shirt) Registration 8 AM	\$25	\$20	\$10	\$45	

Unable to participate, donations welcome \$ _____

Wavier: I certify to the best of my knowledge that I am physically fit and have no medical condition that could likely worsen by participation in this event. I am fully aware and assume all risks associated with participation in this event. I am fully aware that the race is run on public streets and highways and that limited traffic control will be provided and that participation could be hazardous. I understand running with headphones, dogs, and strollers is considered hazardous to my safety and sponsoring organizations and entities have recommended against it. In participating with headphones, dogs, strollers, etc., I assume responsibility for the risks involved. In consideration of this entry, I hereby for myself, my heirs, executors, assigns and administrators, waive and release and all rights and claims against the race committee, Washington Community Schools, City of Washington, Washington County, officials and volunteers associated with the race and event, their representatives, successors and assigns for any injuries incurred by me during, because of, or in travel to or from race or event

Signature: _____ (if under 18 years of age, parent or legal guardian)