

Waiver

In return for acceptance of my entry fee into the Pink Nose/Blue Toes 5K, I, for myself, my executor, heirs, administrators and assigns, hereby release, discharge, and covenant not to sue, and agree to indemnify and hold harmless Skiff Medical Center including any and all sponsors associated with the race, their agents, and employees from all liability and for any and all claims for damages actions, demand, and injuries arising out of my participation in this event whether caused by the negligence of the released parties or a third party. I have full knowledge of all risks involved of whatever nature in participating in the run/walk and state that I am physically and medically fit and sufficiently trained to participate in it.

Please sign below

Your signature will signify your understanding, acceptance and authorization to accept the conditions of this legal document, including the following statements:

- * I have read, have understood, and do accept the agreement above.
- * I understand that this is a legal document with effects that I approve and authorize.
- * The registrant is the person(s) whose name is submitted as the recipient of the goods and services provided as a result of this transaction.
- * I am authorized to agree to the terms of this document on behalf of the registrant.
- * If the registrant is under 18 years of age, incapacitated, or mentally challenged, I assert that I am the parent/legal guardian or otherwise authorized to execute a legally binding agreement on behalf of the registrant.

Signature

Print name



204 N. 4th Ave. E. • Newton, Iowa 50208
(641) 792-1273 • www.skiffmed.com

9 a.m.
Saturday,
Jan. 28



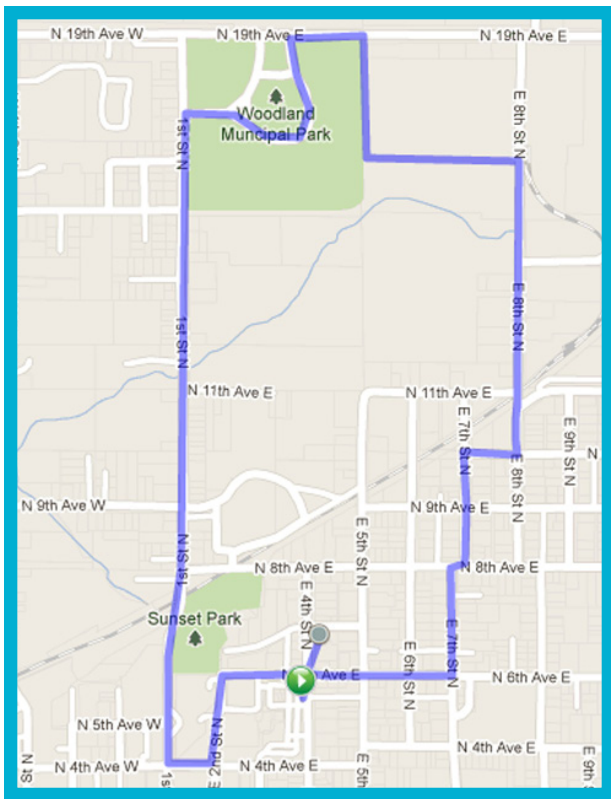
A fundraiser for the Skiff Cancer Clinic

Registration at 8:30 a.m.
Kids' fun run at 10 a.m.



The Best Care is Close to Home

Pink Nose/Blue Toes 5K



Route subject to change



**Pre-registration
is due by
Friday, Jan. 20**

Registration Form

Name: _____

Address: _____

City, State, Zip: _____

Age on race day: _____

male female

Pre-registration: \$15

Race day: \$20

Mail completed and signed registration form to Leisa Zylstra c/o Skiff Medical Center, 204 N. 4th Ave. E., Newton, Iowa 50208.

If you have questions, please call Leisa Zylstra at (641) 787-3179 or e-mail her at lzylstra@skiffmed.com.

Proceeds from the event benefit the Skiff Cancer Clinic, located in the Ross Medical Arts building.

All race participants receive a complimentary Skiff beanie stocking cap!



**Prizes for: first to finish, youngest participant,
oldest participant, craziest outfit and barest* outfit!
Packet pickup 8-8:30 a.m. at Skiff Medical Center**

***No nudity, please.**

Participants and spectators will also enjoy nutritious breakfast foods and hot chocolate, as well as be invited to tour the new Skiff Cancer Clinic!