

PRAIRIE GIRLS CROSS COUNTRY 2016
CAN YOU SURVIVE THE ZOMBIE 5K?



When: September 30, 2016

Packet Pick-Up & Registration:

9/29 - 6:00 - 8:00pm

HS Cafeteria

Race Day 5:30 - 6:15pm

Opening Ceremony:

6:15 - 6:30pm

5K RACE:

6:30 - 7:30pm/DUSK

Post-Race Celebration:

7:30 - 8:30pm

Race Registration Cost:

Early \$20

(incl. t-shirt by mail-in
9/16, or on-line by 9/20)

Day of Race \$25

(no t-shirt guarantee)

RUN!!! . . .

ZOMBIES DON'T LIKE FAST FOOD!

PGXC FUNDRAISER • SEPTEMBER 30, 2016

IT'S NOT A RACE FOR TIME

...IT'S A RACE FOR SURVIVAL!!!

WHERE:
PRAIRIE HIGH SCHOOL @ DUSK / 6:30PM

REGISTER:

BY-MAIL, OR ON-LINE @ GETMEREGERED.COM

PRAIRIE GIRLS CROSS COUNTRY FUNDRAISER PGXC ZOMBIE APOCALYPSE 5K



WHEN: September 30th, 2016
 9/29/16 6:00 -8:00pm
 5:30 - 6:15 pm Race Day Packet Pick-Up and Registration
 6:15 - 6:30 pm Opening Ceremony
 6:30 - 7:30 pm RACE to Survive the Zombie 5K
 (*This is NOT a timed race! The purpose is for a Fundraising Event and Fun. No Timed Divisional Awards)
 7:45 - 8:00 pm Closing Ceremony
 7:30 - 8:30 pm Post Race Celebration

WHERE: College Community School District
 401 76th Avenue SW, Cedar Rapids, IA 52404

RACE FEE: Early Registration \$20 (on-line/mail in)
 *guaranteed t-shirt if mail-in registration postmarked by 9/16
 Race Day Registration \$25
 *t-shirts given by first come first serve basis. Sizes and quantities may be limited. **Registration Cap of 100 registrants!**

*No refunds available. In the event of lightning or extreme inclement weather, race registration fees will be considered a donation to the Prairie Girls Cross Country program and t-shirts will still be given out.

Mail Registration Form to: Prairie Girls Cross Country - Zombie 5K, Attn: Corrie Enyart, Prairie High School, 401 76th Avenue SW, Cedar Rapids, IA 52404

On-line Registration Available at: <http://getmeregistered.com/PGXCZombieApocalypse5K>

Make Checks Payable to: PRAIRIE GIRLS CROSS COUNTRY

*Proceeds from this event will be used to enhance skills and provide resources to better improve the Prairie Girls Cross Country Program.

First Name: _____ **Last Name:** _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Email: _____ **Male:** _____ **Female:** _____
Phone: _____ **Date of Birth:** _____
Shirt Size: YS _____ YM _____ YL _____ S _____ M _____ L _____ XL _____ XXL _____
Emergency Contact: _____ **Phone:** _____

Waiver and Release: I fully understand that running or walking in a race may result in accidents, illness, or serious injury. I am voluntarily participating in the Prairie Girls Cross Country Zombie 5K (hereinafter the "5k") sponsored by the Prairie Girls Cross Country Team and Program with a complete understanding of the risks associated with participation in the race. By signing this Waiver and Release Form, I declare that I am medically able, in proper physical condition and capable of safely participating in the Zombie 5K. In consideration for being allowed to participate in the 5k, I agree to defend, release, and hold harmless the Girls Cross Country Coaches, Prairie Girls Cross Country Team, College Community School District, the City of Cedar Rapids, the premises owner and the 5k sponsors including each of their respective directors, members, agents, and volunteers from any and all actions, claims, liabilities, damages, costs, expenses (including attorney fees and medical expenses) an losses that may directly or indirectly result from my conduct, my participation, or the conduct of any other persons (including other participants, members or the general public), who may cause me injury, damage or harm, before, during, following, and at the 5k. I understand and agree that this Waiver and Release is binding on me and my heirs, successors, personal and legal representatives and legal representatives. I hereby give permission to the 5k Committee and its representatives to use my name, other personal identifying information (city, age, sex, etc.), photograph, videotape, motion picture recording, voice and likeness for 5k Committee purposes, including, but not limited to, registration results and publicity.
 I have carefully read this Waiver and Release and fully understand its content. By my signature below, I consent and agree to the terms of this Waiver and Release.

Signature of Participant _____ **Date** _____
Signature of Parent/Guardian (if under 18) _____