



# RENEGADE RUN

## RISE & CONQUER

**Saturday October 5<sup>th</sup>, 2019**

Shiloh Grounds, Kalona IA

**8:00am Registration – 9:00am Race Start**

Earn your medal of honor in our **Obstacle Mud Run!** All finishing participants will be awarded a medal of honor as they cross the finish line. Delicious homemade cinnamon rolls and hot chocolate await your courageous victory!! Then you can wrap up in your new lightweight hoodie pullover. All included when you register to commit to the challenge!!



**Proceeds will go to the Washington County American Cancer Society to provide assistance in our community, and the YMCA of Washington County for equipment needs for special programming.**

Questions or additional information, please contact Teri Hartzler at the YCMA of Washington County 319-653-2141 or email [thartzler@washingtonty.org](mailto:thartzler@washingtonty.org)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ M or F Email \_\_\_\_\_ Shirt: Adult S M L XL XXL

**Select a route:**

**Course A (ages 16 & up) Registration through Sept. 27<sup>th</sup> \$50      Sept 28<sup>th</sup> – race day \$60**

**Course B (ages 6 & up) Registration through Sept. 27<sup>th</sup> \$30      Sept. 28<sup>th</sup> – race day \$40**

**(Must be registered before Sept. 27<sup>th</sup>, to receive your shirt on race day)**

I understand that I am legally agreeing to the following statements in the paragraph of this waiver by signing below. I acknowledge that participating in the Renegade Run is extremely dangerous and can bring with it the potential for death, serious injury, and property damage. My signature below is acknowledgement that I am at my own risk. I understand this is a public event and not an event related to, or sanctioned by any organization. I understand this is an event requiring physical activity, including: running, climbing, jumping, and crawling on wet and muddy surfaces that will be slippery. I realize I am solely responsible for myself and my own safety. I do not hold the YMCA of Washington County, the City of Kalona, Shiloh, Washington County, the American Cancer Society of Washington County, their employees, or the volunteers, responsible for any risk of injuries which may occur because of my participation.

Signature of participant \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_