



Hosted by the Marshalltown Area Chamber of Commerce
Presented by Marshalltown Medical & Surgical Center

Gold sponsors: McFarland Clinic and Iowa Valley Community College District

Start and Finish:

Race entrants will compete on the Marshalltown Community College (MCC) campus.

Divisions:

18 and under, 19 – 29, 30 – 39, 40 – 49, 50 – 59, 60 and over. All ages and skill levels are encouraged to participate.

Awards presented by JBS:

Awards ceremony will take place in Iowa Valley Continuing Education’s DeJardin Hall following the race.

- Overall Male and Overall Female winners
- Medals for top male and female finishers in each age division
- Door prize drawings for race participants *(Must be present to win)*

Saturday, January 24, 2015

Race 9:00 a.m.

Iowa Valley Continuing Education DeJardin Hall
3700 South Center Street
Marshalltown, IA 50158

Packet pick-up Friday, January 23, 2015 from 3:30 – 5:30 p.m.

Registration & packet pick-up: Saturday, January 24 from 7:30 – 8:45 a.m.

Entry fee: Same price as 2014! (No refunds)

\$17 Students (18 and under)

\$20 Adults received/postmarked by January 16, 2015 (Pre-registration guarantees a shirt)

\$30 Postmarked after January 16 & Race Day registration for everyone *(Registrants are not guaranteed a t-shirt)*

Registration also available online at

www.marshalltown.org/5K or www.fitnesssports.com

Return form to Chamburrrrr Scurry

PO Box 1000 – Marshalltown, IA 50158

2015 Chamburrrrr Scurry 5K Registration		
Name:	Age:	Birth date:
Address:	City:	State: Zip:
Email address (for race-related updates only):	Phone: _____	
Shirt Size (please circle one): S M L XL XXL (Add \$2 for XXL)	<i>Please make checks payable to Marshalltown Area Chamber of Commerce.</i>	
Waiver of Liability:		
In consideration of your acceptance of this entry, I hereby, for myself, my heirs, executors and administrators, waive any and all rights and claims for damages I may have against individuals associated with this event, its agents, successors and assigns, for any and all injuries suffered by me in said event. I attest and verify that I have full knowledge of the risks involved in this event. I agree to abide by any decision of the race official relative to my ability to safely complete this race. I assume all risks associated with participating in this race, including but not limited to, falls, contact with other participants, the effects of the weather, traffic, and conditions of the race course, all risks being known and appreciated by me. Further, I hereby grant full permissions to any and all of the aforementioned parties to use my name, likeness, voice, photographs, videos, recordings, or any other record of this event in which I may appear for any legitimate purpose.		
Signature: _____		Date: _____
(Parental signature required for participants under 18 years of age)		
Join us for the Wellness Fair (open to the public) from 8:00 – 11:00 a.m. at IVCE’s DeJardin Hall.		