

# FROZEN FOOT 5K & MILE FUN RUN/WALK

Februaury 4<sup>th</sup> 2017  
Mitchell Christian School

## Registration Form

Full Name: \_\_\_\_\_

Gender: Male/Female (circle one)      Age: \_\_\_\_\_      Activity (circle one): 5K/1 mile

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Shirt Size: \_\_\_\_\_ (S, M, L, XL, XXL)

### EVENT INFORMATION:

Who: Dakota Wesleyan Student Nurses' Association and Mitchell Chamber of Commerce

What: Health and Wellness Fair 5k and Mile Fun Run/Walk

When: February 4, 2017- Check-in begins at 9:00am. Race begins at 10:00am

Where: Mitchell Christian School, 805 West 18<sup>th</sup> Avenue, Mitchell, SD 57301. Use the main entrance.

Entry Fees:

~**Before January 18: \$20.** This includes a shirt, SWAG bag, race number, \$5 coupon for post-race refreshments at the concession stand, and other secret goodies.

~**After January 18: \$25.** A shirt may not be immediately available for late registrants.

Prizes will be awarded to the top three finishers in the male and female categories. In the event of extreme weather, the Mitchell Area Chamber of Commerce reserves the right to cancel the race for safety reasons. Check the Chamber's website for up to date race information.

### CONTACT INFORMATION:

Please mail entire registration form to the Mitchell Area Chamber of Commerce, 601 N. Main St. P.O. Box 1026, Mitchell, SD 57301. Please make checks payable to the Mitchell Area Chamber of Commerce.

**For any questions or concerns please feel free to contact us at the following:**

**Phone:** (605) 996-5567 **Email:** rebecca@mitchellchamber.com **Website:** www.mitchellchamber.com

### EVENT DISCLAIMER:

**By adding your signature, you accept this waiver and disclaimer.** In consideration of acceptance of this race entry, I, myself, my heirs, executors, administrators and assigns, forever release and discharge any and all rights, demands, claims for damages and causes of suit or action known or unknown that I may have against the Mitchell Area Chamber of Commerce and any and all participating race presenter, sponsors, directors, officers, employees, and agents of such parties, for any and all injuries in any manner arising from my participation in said race. I attest to and verity that I have full knowledge of the risks involved in the race, I assume those risks and I will assume and pay my own medical emergency expenses in the event of an accident, illness to other incapacity, regardless of whether I have authorized such expenses. I am physically fit and sufficiently trained to participate in this race. I understand that no bikes, roller blades, pets, or baby strollers are permitted in the race.

Signature: \_\_\_\_\_ If under 18 years of age, legal guardian must sign:

Signature: \_\_\_\_\_ Relation: \_\_\_\_\_