

**2015 Frozen Feet 4k fun run and walk**  
*Registration Form*

**Location:** *Spring Valley Community Center*

**Date:** *Dec. 12, 2015*

**Times:** *Registration opens 1:00 p.m.*

*4K start 2:00 p.m.*

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_

**Phone #:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **email:** \_\_\_\_\_

**Fees:** \_\_\_\_\_ **4K Run/walk - \$5**

\_\_\_\_\_ **Polar fleece hat with logo - \$10**

**Hats available to first 50 people that register.**

**Make checks payable to Spring Valley Chamber of Commerce.**

WAIVER: I know that running a road race is a potentially hazardous activity which could cause injury or death. By my signature, I certify that I am medically able to perform this event, am in good health, and am properly trained. I agree to abide by any decision of a race official to deny or suspend my participation for any reason whatsoever. I assume all risks associated with running in this event, including but not limited to: falls, contact with other participants, the effects of the weather, traffic and the conditions of the road, all such risks being known and appreciated by me. I understand that bicycles, skateboards, baby joggers, roller skates or blades, and animals are not allowed in the race and I will abide by this guideline. I hereby grant full permission to use my name and any photographs, videotapes, or other record of this event for any purpose. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Spring Valley Chamber of Commerce, the City of Spring Valley, the County of Fillmore, the State of Minnesota and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

\_\_\_\_\_  
Signature (by parent/guardian if participant is under 18)

If registering by mail, please send registration form & fee to:  
Frozen Feet 4k, P.O. Box 112, Spring Valley, MN 55975

**Note: If mailing, send form so it arrives prior to Dec. 9, 2015.**