

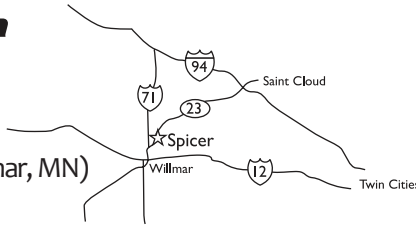
FROZEN -5K RUN 2012

Proceeds

All proceeds from this event go back to the Spicer Commercial Club to enhance community projects.

Location

Zorbaz
Green Lake
Spicer, MN
Hwy 23
(North of Willmar, MN)



Divisions

Men: 1-9, 10-14, 15-19, 20-29, 30-39, 40-49, 50-59, and 60 plus
Women: 1-9, 10-14, 15-19, 20-29, 30-39, 40-49, 50-59, and 60 plus

Awards

Medals: 1-3 places in each division
Premiums: All runners competing in the race will receive a long sleeve t-shirt and free breakfast after the race.

Results

Visit www.pickleevents.com/glaciallakes for race results. If you wish to have the race results mailed to you, please return a self-addressed stamped envelope with your official entry form.

Online Registration

Online registration at www.winterfest5k.zapevent.com
- Click on "Frozen 5K"

Registration

\$20.00 registration fee received as of February 2nd
\$25.00 after February 2nd and day of the race
Registration begins at 8:00 a.m. day of the race.
Printable registration forms at:
www.pickleevents.com/glaciallakes
Online registration ends February 2nd.
T-shirts not guaranteed after February 2nd registrations.

Course

5K 3.1 miles
Start at Zorbaz, to Bible Camp and return to Zorbaz.

Series Information



Frozen - 5K is part of the Glacial Lakes Championship Running Series. For more information visit:
www.pickleevents.com/glaciallakes

Lodging

For a list of hotels and resorts available in the area visit www.spicermn.com



320-796-2091
northerninn.com

Questions?

Contact Dan Hubbard, Race Director
11958 21st Street NE
Spicer, MN 56288
Phone: 320-894-5882
E-mail: danh&brownandbigelow.com

NUMBER	TIME
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2012 Race Day is Feb. 4th

OFFICIAL ENTRY FORM

Name _____
Age _____ Sex: Male Female
Phone _____
Address _____
City _____ Shirt Size _____
State _____ Zip _____
Email _____

In consideration of the acceptance of my entry in this event, I intend to be legally bound, hereby for myself, my heirs, executors and administrators, waive, release and discharge any and all claims for damages for death, personal injury, illness, loss of personal property or property damage including those which may be attributable to weather conditions, which I may have or which may hereafter occur to me, as a result of my participation in this event. This release is intended to discharge the Frozen 5K, all municipalities, school districts, clubs, organizations, counties, states, sponsors, and all employees, officers and volunteers of these respective entities and any other entities associated with this event, from and against any and all liability arising out of or connected in any way with my participation in this event.

I further understand that serious accidents occasionally occur during running and that participants in these events occasionally sustain mortal or serious injuries, and/or property damage or loss, as a consequence thereof. Knowing the risks, nevertheless, I hereby agree to assume those risks and release and hold harmless all of the persons or entities previously mentioned who might otherwise be liable to me (or my heirs and assigns) for any injury, death, illness or damages occurred in this event or in the travel to and from this event.

I further attest that I am physically fit, have sufficiently trained for the completion of this event. I also attest I will abide by the rules and regulations of this event, all state and local municipal laws applicable.

It is further understood and agreed that this waiver, release and consent is to be binding on my heirs and assigns. I recognize the hazards of this event and attest that I have adequate medical insurance coverage. I also give permission to the Frozen 5K to use my name and any photographs, videotapes, motion pictures, recordings or any other record of my participating in this event for any publicity and/or promotional purposes with out obligation or liability to me.

I hereby consent to receive any first aid medical treatment in the event of an injury, accident and/or illness during this Road Race and its related activities.

I have read, understand and certify my compliance by my signature.

Date _____
(Signature of participant)
IF YOU ARE UNDER EIGHTEEN (18) YEARS OF AGE, THE FOLLOWING MUST BE COMPLETED BY YOUR PARENT OR LEGAL GUARDIAN:

_____, being the parent or legal guardian of the above entrant, who is under the age of eighteen (18) years, for good and valuable consideration, receipt of which is hereby acknowledged, I hereby consent that the above named entrant may participate in the Frozen 5K. I hereby consent for my child to receive emergency medical treatment in the event of injury, accident, and/or illness that may occur during this event or it's related activities.

Date _____
(Signature of parent or legal guardian)

Make checks payable to: Frozen -5K

Mail to: Dan Hubbard
11958 21st Street NE
Spicer, MN 56288

Online registration at:
www.winterfest5k.zapevent.com