



Saturday, October 3, 2020 Registration Form – All Races

*Mail-In Registrations must be postmarked by September 28, 2020.
Please print clearly. Duplicates are acceptable.
Mail completed form(s) & fee to:*

Lake Region Run • 619 Cascade St. S. • Fergus Falls, MN 56537

- 10 Mile 10 Mile Relay (*both runners must complete a form*) **Team Name:** _____
 5K 1 Mile Run / Walk Combo Race (*5K and 1 mile*)

NAME _____ EMAIL _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

PHONE _____ BIRTHDATE ____/____/____ (MM/DD/YY) M F AGE ON RACE DAY _____

SHIRT SIZE: **

<u>YOUTH</u>	<u>MEN'S</u>	<u>WOMEN'S</u>
S M L	S M L XL XXL	S M L XL XXL

SOCKS: ___ *CHECK HERE if you would like FitSock socks instead of a shirt.*
 ___ *CHECK HERE if you would like to purchase additional FitSocks (\$5) # ___ and/or bib magnets (\$10) # ___*

***PLEASE NOTE:** any registrations for age 13+ AFTER Sept. 15 will NOT RECEIVE a t-shirt but will get a pair of FitSok socks. All registrants 12 & under will receive a t-shirt but some will need to be shipped out.

All fees are non-refundable and non-transferrable. Refunds, name transfers or deferments are not permitted.

Registration Fees & Cut-Off Dates	UNTIL: _____ →	AUG 31 →	SEPT 30 →	OCT 1- 3
10 Mile		\$30	\$40	\$50
10 Mile Relay		\$55	\$65	\$75
5K		\$20	\$30	\$35
1-Mile		\$10	\$15	\$20
Combo (1 Mile & 5K)		\$25	\$35	\$40

* **Online registration** is available at www.lakeregionrun.com.

Waiver: In consideration of the acceptance of this entry, I hereby for myself and my heirs, executors and administrators, waive any and all rights, claims, and damages I may have against the Lake Region Run, Lake Region Healthcare, the sponsors, coordination groups, City of Fergus Falls, all county and state governments, and any individuals associated with said event. Also, none of the above is responsible for neither the loss of personal item nor any aggravation in connection with said event. I also give permission for the free use of my name and picture in any broadcast, telecast, print or online media accounts of the event for legitimate purposes. In filling out this form, I acknowledge I have read and fully understand my own liability and do accept the restrictions. I also understand that all race fees are non-refundable, bib numbers are non-transferable and the changing of races is prohibited. The official race director reserves the right to cancel the race or change the day/time to a later day and in such event of cancellation or change, there are no refunds of entry fees. If you are 18 or under, you must have the signature of your legal guardian to participate in this event.

All registered participants will receive updates by e-mail leading up to the event so it is very important to give an accurate e-mail address and to check it regularly. Packet pick-up is encouraged the night before the event from 5-8 p.m.

Signature: _____ **Date:** _____

All proceeds benefit the Lake Region Cancer Care & Research Center.