

WORKING TOBETHER FOR

CANCETZ-FIZEE COMMUNITIES

Annual 5K Run/Walk | Saturday, June 8, 2024

Registration: 6:45-7:30 a.m. | Opening Ceremony: 7:45 a.m. | Run/Walk Starts: 8:00 a.m. | Awards Ceremony: Post Race



Sponsored by Southern Minnesota Beet Sugar Cooperative All registration fees benefit Renville County Walk in the Park.

Course: It winds its way through the neighborhoods

of Renville (90% asphalt and 10% gravel).

All ages and abilities welcome.

Facilities: Restrooms will be available in the

Renville Community Center.

Showers not available.

Contact: Liza Fagen

320.329.4143 | liza.fagen@smbsc.com

Registration begins at 6:45 a.m. in the

Renville Community Center located at

221 Main St N, Renville, MN 56284

Race numbers and shirts distributed.

Registration: Via Online: www.runsignup.com/sweetbeet5k

Via Mail: Download form at www.smbsc.com; Mail to Liza Fagen, SMBSC, 83550 Cty Rd 21, Renville, MN 56284

Check-in:

Received through June 1 | Shirt Guaranteed Age 4 and Under – Free, Registration not needed

Ages 10 – 5 - \$15

Ages 18 - 11 - \$20

Age 19+ - \$30

Teams of 5 or More - \$20/Person

Received after June 1 through Day of Event | Shirt Not Guaranteed Age 4 and Under – Free, Registration not needed Ages 10 – 5 - \$20 Ages 18 - 11 - \$25 Age 19+ - \$35 Teams of 5 or More - \$25/Person

"RC Walk in the Park"

Make checks payable to

PACIAL	ENTRY FORM	Form valid for individual and team entries.

Running to a Sweet Beet 5K Run/Walk June 8, 2024

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If a team, name your team captain as the poi	nt of contact. List his/her address and phone num	nber.				
Team Name (Print):		Number of People on Team:				
Address (Include City, State, Zip):		Birthdate (XX/XXXXX):				
Phone: Email:	Gender ((Circle): M F Age on Ra	ce Day:			
Shirt Size: Write the QUANTITY of each shirt need	eded. One shirt per person registered.					
YOUTH:SMLXLN	No Shirt ADULT (Men's):SM	LXL2XL	3XLNo Shirt			
Other Team Members:						
Name:	Gender: M F Birthdate:	Age on Race Day:	Shirt Size:			
Name:	Gender: M F Birthdate:	Age on Race Day:	Shirt Size:			
Name:	Gender: M F Birthdate:	Age on Race Day:	Shirt Size:			
Name:	Gender: M F Birthdate:	Age on Race Day:	Shirt Size:			
	icipant □Shareholder □Facebook □R					

WAIVER: In consideration of accepting this entry, I or my executors, heirs, and administrators, do hereby release and discharge all sponsors of this race and their representatives, successors or assigns from any and all liability arising from illness or injuries I may suffer as a result of my participation in this race. **MEDIA:** I also grant permission to SMBSC and other associated organizations to use my name and any photographs, videotapes, motion pictures, recordings or any other record on my participating in this event for any publicity and/or promotional purposes without obligation or liability to me.

REGARDING BOTH WAIVERS: I have read the forgoing and certify my agreement by my signature below.

NOTE: ALL TEAM MEMBERS WILL SIGN THE WAIVER ON THE DAY OF THE RACE AT REGISTRATION. INDIVIDUAL REGISTRANTS SIGN THIS FORM.

Participant Signature: If under 18, Parent/Guardian Signature: