



**THURSDAY, JUNE 20, 2019**

The Little Foot 1/2K Walk/Run is for kids 8 and under that want to get a taste for racing! As an offshoot of the Foot Lake 4 Walk/Run, the Little Foot 1/2K Walk/Run will also take place during Willmar Fests. The race will begin at 2nd Street and Litchfield Avenue heading West to 6th Street, taking a left and ending at 6th Street and Becker Avenue.

Registration is limited to the first 200 registrants so register early to guarantee your spot and a race t-shirt! Everyone that finishes the race will receive a medal as well as a water and a snack. After the race head down the street to the Jaycee's Block Party to enjoy fun activities, food, and the kiddie parade. Each registration will receive a \$2 token to put towards inflatables, pony rides, and the air maxx jumper.

Parents/guardians please be present at the race while your child is racing. Each racer will receive a race bib with a tear-off bottom. Parents/guardians will be given the tear off portion that has the child's bib number, please turn this portion in at the finish line to be able to leave with your child. Parents are allowed to walk/run with their child. Parents do not need to register themselves.

## **REGISTRATION**

Please register online at [www.littlefootrun.com](http://www.littlefootrun.com), or fill out the registration form on the back of this race flyer. Those registered by the early bird registration date, June 7, 2019, are guaranteed a t-shirt. If registered after June 7, 2019 you are not guaranteed a t-shirt, nor one in your size. Online registration closes at 11:59 pm Tuesday, June 18, 2019.

## **PACKET PICK UP**

Packet pick up is from 4:30-5:15pm at the Willmar Ambulance Garage.



## 2019 ENTRY FORM

One form per person—please complete all fields. Sign your entry form and enclose the correct registration fee.

**Mail to: Rice Health Foundation, 301 Becker Ave. SW, Willmar, MN 56201**

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Date of birth \_\_\_\_\_

Circle one t-shirt size:      Youth      S      M      L      *\*T-shirt only guaranteed to those that register prior to June 7*  
   Men's      S      M

### ONLINE REGISTRATION

Sign up online at [www.FootLake4.com](http://www.FootLake4.com)  
(Online registration ends June 18, 2019)

*\*T-shirt size availability not guaranteed for registration after June 7*

### Waiver

In consideration of you accepting this entry, I, the participant, intending to be legally bound do hereby waive and forever release any and all right and claims for damages or injuries that I may have against the Event Director, RunSignup.com, and all of their agents assisting with the event, sponsors and their representatives, volunteers and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees. I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able to do so and properly trained. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of weather, traffic, and course conditions, and waive any and all claims which I might have based on any of those and other risks typical found in running a road race. I acknowledge all such risks are known and understood by me. I agree to abide by all decisions of any race official relative to my ability to safely complete the run. I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that a licensed Medical Doctor has verified my physical condition. In the event of an illness, injury or medical emergency arising during the event I hereby authorize and give my consent to the Event Director to secure from any accredited hospital, clinic and/ or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to me including but not limited to medical transport, medications, treatment and hospitalization. By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above release and waiver. Further, I grant permission to all the foregoing to use my name, voice and images of myself in any photographs, motion pictures, results, publications or any other print, videographic or electronic recording of this event for legitimate purposes.

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Signature (Parent's signature if participant is under 18 years)