44th Annual Freeze Yer Gizzard Blizzard Run

Race Registration Form Saturday, January 27, 2024 5K at 9:00 am * 10K at 10:00 am

Please print clearly. All information required. Name: _____ Gender: _____ Make checks payable to: **Chamber of Commerce (US** Address: _____ Funds Only.) Registration is nonrefundable. City: Mail to: 301 Second Avenue State/Prov: _____ Zip/Postal Code: _____ International Falls, MN 56649 **Questions:** Email: 218-283-9400 Phone: Date of Birth: chamberadmin@intlfalls.org www.ifallschamber.com I am running (5K, 10K, Both): ______ *Please write event(s) you will be participating in. *T-shirts are an optional purchase this year! Single Race **Both Races** Selection Race Price through January 7th (Includes participation medal) \$28 \$43 Race Price after January 7th (Includes participation medal) \$33 \$46 Pancake Feed 7:30am-11:30 am - Freewill Offering at door Online registration: www.ifallschamber.com/freeze-yer-gizzard-run/ Total **Apparel store:** www.hasbargencustoms.com/shop/fundraisers-teamorders/13 I am entering this event at my own risk and assume all risk and responsibility for injuries I may incur as a direct or indirect result of my participation in this event. I, for myself, heirs and executors, also agree not to hold any and all participating sponsors and supports, and the directors, employees, and agents of such parties responsible for any claims. I verify that I have full knowledge of the risks involved in this event. I am aware that extreme and/or severe weathers conditions will exist at the time of this event and that I am physically fit and sufficiently trained to participate in it. Race course personnel will be present on race course until 12:00 pm. Signature: Date: Parent/guardian's signature if under 18 years of age: ___ Average High Temperature in January is 15.4° Chamber Section: Average Low Temperature in January is -6.6° Runner's Bib Number: Record Low Temperature in January -55° (1909)

Payment Date: _____ Form of Payment: ____ Received by: _____