Snow not guaranteed!

Santa Shuffle

REGISTRATION FORM

Full Name _____ Age _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Emergency Contact Information

Full Name _____

Relationship _____ Phone _____

Race Selection

☐ 1 point FUN mile / $10 ☐ 5K / $25

Registrations after November 21st add $5.00 per participant

Race Details

- All participants receive a Santa hat and beard.
- Both races start at Frank Day Park at 9:30 am, Sat. 11/29. Please arrange for drop off.
- Finish line is downtown at 3rd and Main.
- Milk and cookies will be provided at the finish line.
- First 40 participants to register will receive a Santa Swag Bag
- Finisher medals given to all registered participants. No award categories.

Payment Information

Payment Method: Cash Check Total Amount Paid: _____

Checks payable to **Lewistown Hoppers** (nonprofit club)

Registration and payment can be mailed or dropped off at

Montana Day Building
225 W Main St
Lewistown, Mt 59457

I, _____, agree to and accept all risks associated with the Santa Shuffle Event. I confirm that I am physically able to participate. I acknowledge that this race is organized by non for profit organizations looking to promote community through fitness and fun. I release liability for all event sponsors, organizers, and volunteers from any liability for injury, death, or property damage resulting from the event, even due to negligence. I am responsible for any medical treatment for myself if injury or an emergency occurs and responsible for all associated costs. I agree to follow all rules of the organized event. I understand all related inherent risks, such as injury or death, and waive my right to hold responsible any persons associated with the event for any claims arising from my participation. Running / Walking is a hazardous activity and I assume all associated risks such as injuries from falls, weather, trail and course conditions, and/or other participants. I have read and understand this waiver and release of liability and are voluntarily participating.

Parent/Guardian (if participant is under 18) _____

Signature _____ **Date** _____