

Through the River and Over the Woods

Porter Harvest Festival

5K Off-Road Race



Saturday, August 18, 2012

9:00 AM Race Time

8:00 am – 8:45 am Registration

Bethel Lutheran Church parking lot, Porter, MN

Contact Eric Dybsetter with questions:

Home: (507) 296-4448

Cell: (507) 828-8226

e-mail: eric@dybsetterfarms.com

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Registration Form *online at portermn.org*

Name: _____

Date of Birth: _____ Age: _____

Address: _____

City/State/Zip: _____

Phone: _____

E-Mail: _____

Sex – Please Circle One: M F

Adult Shirt Size: S M L XL

Signature: (by parent or guardian if under 18)

X _____ Date: _____

Off-Road – Not Golf-Course CC!

The rugged cross-country course includes 2 crossings of the scenic North Branch of the Yellow Medicine River. It is mostly grass, dirt, mud, and gravel with less than 2 blocks of asphalt.

Entry Fee:

\$15.00 prior to August 5th

\$20.00 August 6th through Race Day

All participants will receive a race t-shirt and other goodies (t-shirt supplies limited day of race).

Make Check Payable to:

Porter Harvest Festival

Mail Pre-Registration to:

Porter Harvest Festival Off-Road Race

C/O Eric Dybsetter

2501 170th Ave.

Porter, MN 56280

Age Categories:

- 14 and younger
- 15-19
- 20-34
- 35-44
- 45-54
- 55 and over

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Release of All Claims:

all participants must sign

In consideration of your acceptance of my entry, I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against Porter Harvest Festival, the counties, cities, villages, and private land-owners in which and on whose property the race is conducted, and their affiliates, agents, servants, employees, assigns, successors, and any other sponsors and their representatives, successors and assigns for any and all injuries suffered by me in said event.

I attest and verify that I will participate in this event as a footrace. I am physically fit, have sufficiently trained for the event, and my physical condition has been verified by a licensed Medical Doctor. I specifically assume all risks of my participation in this event. I grant full permission to the race entity and/or its authorized agents to use any photographs, videotapes, motion pictures, recordings, or any other record of my participation in this event for any purpose. By signing, I agree that I have read the foregoing and certify that I understand and agree with the terms and conditions as outlined herein. By signing this, I also understand that I will receive no refund should I not participate in this event.