



WORKING TOGETHER FOR CANCER-FREE COMMUNITIES

Annual 5K Run/Walk | Saturday, June 7, 2025

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.

Check-in: 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.

Facilities: Restrooms will be available in the Renville Community Center. Showers not available.

Contact: Liza Fagen
320.329.4143 | liza.fagen@smbc.com

Registration: Via Online: www.runsignup.com/sweetbeet5k
Via Mail: Download form at www.smbc.com; Mail to Liza Fagen, SMBSC, 83550 Cty Rd 21, Renville, MN 56284

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

Ages 5 – 10: \$15 Ages 11 – 18: \$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 5 – 10: \$20 Ages 11 – 18: \$25 Age 19+: \$35 Teams of 5 or More - \$25/Person

Make checks payable to
"RC Walk in the Park"



OFFICIAL ENTRY FORM For valid for individual and team entries.

Running to a Sweet Beet 5K Run/Walk | June 7, 2025



Last Name (Print): _____ **First Name:** _____
If a team, name your team captain as the point of contact. List his/her address and phone number.

Team Name (Print): _____ **Number of People on Team:** _____

Address (Include City, State, Zip): _____ **Birthdate (XX/XX/XXXX):** _____

Phone: _____ **Email:** _____ **Gender (Circle):** M F **Age on Race Day:** _____

Shirt Size: Write the QUANTITY of each shirt needed. One shirt per person registered.

YOUTH: ___S___M___L___XL___No Shirt **ADULT (Men's):** ___S___M___L___XL___2XL___3XL___No 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:** _____

How did you hear about the 5K? Past Participant Shareholder Facebook Radio Newspaper Other: _____

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 foregoing 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: _____