

Loop^{the} Lagoon- May 09, 2015



Registration Form- Please print. One person per form.

First Name _____

Last Name _____

Address _____

City _____

State _____

Zip _____

Phone _____

Email _____

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Gender: **M / F**

Age on race day: _____

Yes, email me about VPEF .

I am a Sponsor only. Not running.

Race Event

Race Info: (707) 449-9266 • www.VPEF.org

5K 10K Tower Challenge 10K 2 Mile Walk 1/2 Mile Kids Run (8 & under) 1 Mile Kids Run (5-12 yrs)

Shirt Size

Adult

S

M

L

XL

XXL

Kid

S

M

L

50% Back to Your VUSD School! - May 1st deadline

Register online, select your school, & 50% of the registration fee will go directly back to your VUSD school for student enrichment! Registration must be done online by May 1st. Available online only. www.loopthelagoon.com

Entry Fees & Deadlines- checks payable to VPEF

Mail In Registration thru May 04, 2015

Day Of Registration **Register Online: www.loopthelagoon.com**

Adult

\$40

\$45

Kids (18 & under)

\$10 untimed

\$15 untimed

\$15 timed

\$20 timed

Mail forms & checks payable to:

**VPEF, 401 Nut Tree Rd.
Vacaville, CA 95687**

Before May 5, 2014

Total Enclosed: _____

Registration includes Parking , T-Shirt and Race Photo

Waiver & Release

Waiver: I hereby affirm that I, or my child under the age of 18, am in good condition to participate in Loop the Lagoon and in consideration of acceptance of this entry I agree to (1) assume all risk of death or injury to myself and all risk of damage to or loss of property arising out of my participation in this event, and (2) release and forever discharge the Vacaville Public Education Foundation, the race directors, sponsors and promoters, the City of Vacaville, its respective officers, officials, directors, employees, agents, contractors and volunteers, from responsibility, legal or otherwise, for any injury, death or damages I, or my child under the age of 18, may suffer as a result of our participation in Loop the Lagoon. Event officials have my authorization to authorize emergency medical treatment if necessary. I hereby permit the use of my (my child) name and photograph in broadcasts, telecasts, newspapers, brochures, etc. If participant is under the age of 18, this certifies that my child has permission to participate in the Loop the Lagoon. **WAIVER MUST BE COMPLETED AND SIGNED FOR ALL ENTRANTS.**

X Signature: (Parent if under 18) _____ **Date:** _____