

Presented by:



Shoe Sponsor:



23rd Annual



Saturday, April 25, 2026

Brought to you by:



Benefiting:



Participant Information:	DOB:	Age on Race Day: (Required)
First Name:	Last Name:	
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say	City /State /Zip Code	
Phone:	Email: (Please print clearly if you want race updates)	

We will have **Finishers** medals for everyone! You are guaranteed a Tech hat **ONLY** if you register by April 16th. If you register after this date, they will only be available after the race, on a first come basis.

T-Shirts are available in lieu of the Tech Hat in Youth Sizes ONLY

Youth T-Shirt Size:(t-shirts are unisex) S M L XL

Select Event	1/05-2/08	2/09-3/14	3/15-4/23	4/24-4/25	Select Event (Youth 17 and under)	1/05-2/08	2/09-3/14	3/15-4/23	4/24-4/25
<input type="checkbox"/> 10K Adult	\$40	\$45	\$55	\$65	<input type="checkbox"/> 10K Youth Timed	\$30	\$35	\$40	\$50
<input type="checkbox"/> 5K Adult	\$35	\$40	\$50	\$60	<input type="checkbox"/> 5K Youth Timed	\$25	\$30	\$40	\$50
<input type="checkbox"/> 2 Mile Walk Adult	\$25	\$30	\$35	\$45	<input type="checkbox"/> 2 Mile Walk Child	\$15	\$20	\$25	\$35
<input type="checkbox"/> 1 Mile Kids Fun Run	\$15	\$20	\$25	\$35	<input type="checkbox"/> 1/2 Mile Kids Fun Run	\$15	\$20	\$25	\$35

***All prices will increase by \$10 on April 24th through race day.**

Total: \$ _____

Please read and sign Waiver & Release:

By checking this box, I hereby affirm that I, or my child under the age of 18, are 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 mine or my child's participation in this event, and (2) release and forever discharge the Vacaville Public Education Foundation, Fleet Feet Sports Vacaville, VacaRun LLC, the race directors, sponsors, promoters, the City of Vacaville, its respective officers, officials, directors, employees, agent, 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 the participant is under the age of 18, this certifies that my child has permission to participate in Loop the Lagoon. **WAIVER MUST BE COMPLETED AND SIGNED FOR ALL ENTRANTS.**

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

For more information, or to register online please visit us at www.loopthelagoon.com

Race Info: (707) 449-9266 / email:loopthelagoon17@gmail.com

You may drop off the registration at Fleet Feet, 354 Merchant Street, Vacaville, CA 95688 or you can mail it to the same address. Please make checks payable to: Vacarun LLC, and mail by April 16, 2026