## Presented by:





## Brought to you by:



## **Benefiting:**



Participant Information:  First Name:  Male Female Prefer not to say  Phone:				DOB: Age on Race Day: (Required)  Last Name:  City /State /Zip Code  Email: (Please print clearly if you want race updates)											
												e guaranteed a t-shirt ONLY if be available after the race, on a	you registe	r by April	1 <sup>st</sup>
								Adult T-Shirt Size:(t-shirts are unisex)				Youth T-Shirt Size:(t-shirts are unisex)			
								S M L XL[	□ XXL	/ Don't war	nt one 🗌	S M L XL /	Don't want	t one 🗌	
Select Event	1/12-	2/19-	3/18-	Select Event	1/12-	2/19-	3/18-								
	2/18	3/17	4/18	( <mark>Youth 17 and under</mark> )	2/18	3/17	4/18								
□ 10K \$35	\$40	\$45	\$50	☐ 10K Youth Timed	\$30	\$35	\$40								
<b>☐</b> 5K Adult 18+	\$30	\$35	\$45	5K Youth Timed	\$25	\$30	\$35								
2 Mile Walk	<b>\$20</b>	\$25	\$30	2 Mile Walk Child	\$15	<b>\$20</b>	\$25								
☐ 1 Mile Kids Fun Run	ı \$15	\$20	\$25	☐ 1/2 Mile Kids Fun R	tun \$15	\$20	\$25								
Lagoon and in consideration of damage to or loss of property a Vacaville Public Education Four Vacaville, its respective officers otherwise, for any injury, death Lagoon. Event officials have m (my child) name and photographic damage of the constant of t	iver & Re eby affirm acceptance arising out adation, Fle s, officials, a or damag y authorize bh in broace	that I, or my te of this entr of mine or m eet Feet Spor directors, em ges I, or my c ation to authodicasts, teleca	child under y I agree to y child's par ts Vacaville, iployees, ago child under the orize emergo sts, newspa	the age of 18, are in good condition (1) assume all risk of death or injury ticipation in this event, and (2) released VacaRun LLC, the race directors, spent, contractors and volunteers, from the age of 18, may suffer as a result ency medical treatment if necessary. pers, brochures, etc. If the participal	y to myself and see and forever onsors, promon responsibility of our participus I hereby per this under the	nd all risk of er discharge oters, the Cit y, legal or oation in Loo rmit the use le age of 18,	the y of p the of my								
ENTRANTS.  X Signature: (Parent if und	·	oarticipate in	Loop the Lag	goon. WAIVER MUST BE COMPLETE	D AND SIGNE	TO FUK ALL									
A Signature: (Parent if und	лег то) <u> </u>			Date:											

For more information, or to register online please visit us at <a href="www.loopthelagoon.com">www.loopthelagoon.com</a> 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 10, 2024