

**22nd Annual**



**Saturday April 26, 2025**

**Saturday, April 20, 2024**

**Mail in Registration**

**Benefiting:**



**Brought to you by:**

 **Presented by:**

|  |  |
| --- | --- |
| **Participant Information:** | **DOB: Age on Race Day:** **(Required)** |
| **First Name:** | **Last Name:** |
| **Male** **Female**  **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 **1/12- 2/20- 3/31**

**(Youth 17 and under) 2/19 3/30 4/25**

**10K Youth Timed $30 $35 $40**

**5K Youth Timed $25 $30 $35**

**2 Mile Walk Child $15 $20 $25**

**1/2 Mile Kids Fun Run $15 $20 $25**

Select Event **1/12- 2/20- 3/31-**

 **2/19 3/30 4/25**

**10K $45 $50 $55**

**5K Adult 18+ $35 $40 $50**

**2 Mile Walk $25 $30 $35**

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**1 Mile Kids Fun Run $15 $20 $25**

 **\*All prices will increase by $10 on** **April 25th 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**](http://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, 2025**