



# Loop<sup>the</sup> Lagoon, April 30, 2011

## Registration Form- Please print. One person per form.

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

( \_\_\_\_\_ )

Gender: **M / F**

Age on race day: \_\_\_\_\_

Yes, email me about once per month about VPEF .

No, do not email me.

### Race Event

**Race Hotline: (707) 449-9266 • [www.VPEF.org](http://www.VPEF.org)**

5K    10K    Tower Challenge 10K    2 Mile Walk    1/2 Mile Kids Run (8 & under only)    1/2 Mile Kids Run (9-12 yrs only)

### Shirt Size

Adult

S	M	L	XL	XXL
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Kid

S	M	L
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### VUSD School Affiliation- (choose one if applicable)

Alamo  
 Cooper  
 Jepson  
 Sierra Vista

Browns Valley  
 Country High  
 Markham  
 Vaca Pena

Buckingham  
 Fairmont  
 Orchard  
 Vaca High

Callison  
 Hemlock  
 Padan  
 Will C. Wood

### Entry Fees & Donations- checks payable to VPEF

**GIVE: Can't make the race, or want to donate to VPEF? Donate below or become a VPEF member at [www.VPEF.org](http://www.VPEF.org)!**

**Entry Fees:**

Thru April 11th

After April 11th

Adult

\$30

\$35

Kids (18 & under)

\$15

\$20

Team Runner\*

\$25

\$30

Team Name (if applicable) : \_\_\_\_\_

\*must have 3 or more per team.

Entry Fee Total: \_\_\_\_\_

Donation Amount: \_\_\_\_\_

Total Enclosed: \_\_\_\_\_

**Mail checks & forms to: VPEF, 3442 Browns Valley Rd., #400, Vacaville, CA 96688.**

### 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:** \_\_\_\_\_