

denver registration form

OFFICIAL USE ONLY
Bib #:
Initials:

One registration form per person (Photocopies are acceptable)

Mail forms postmarked by October 24th to:
Great Candy Run - Denver
9786 S Holland Street, Littleton, CO 80127

participant information

Age (on Race Day)

Birthdate (00/00/0000)

First Name

Last Name

Telephone Number

T-Shirt Size

(Red)

(Purple)

Sex

(Green)

Street Address

City

State

Zip

Email Address

Team Name

registration information *(add \$5 if registering Race Day)*

\$40 Adults (13 & Over)

5K Run/Walk

\$30 Kids (12 & under) / Adults (60 & over)

Stroller Division
(stroller pusher only register here)

Cash prizes for top runners and medals awarded to overall and age division finishers. Also, medals awarded to Kids Fun Run participants!

waiver & release

In consideration of the acceptance of my entry in the 2016 Great Candy Run, I, for myself, my executors, administrators and assignees, do hereby release the Great Candy Run, Fetal Health Foundation, City of Denver, and any other contributing sponsors and supporters of this race and their respective officers, members, agents, volunteers and employees from all claims arising or growing out of my participation in the 2016 Great Candy Run. I attest and verify that I have knowledge of the risks involved in this event and I am physically fit and sufficiently trained to participate in this event. I also give permission for future use of my name and picture in any broadcast, video, or print media account of the event. I understand that the entry fees are non-refundable.

X _____

Signature (if under 18, MUST be signed by parent or legal guardian)