

HOW TO REGISTER:

ONLINE - Register by credit card payment at race4kidshealth.com until April 6, 2019 at 12:00 noon.

BY MAIL - Must be postmarked by March 30, 2019.
Checks payable to: **Healthy Learning Paths**
11258 Decatur Circle
Westminster, CO 80234

EARLY PACKET PICK UP AND REGISTRATION

Saturday, April 6, 2019 • 9:00 - 11:00am
Whole Foods Market, Bradburn • Ph: 303-439-7000
4451 Main Street, Westminster, CO 80031

RACE DAY REGISTRATION AND PACKET PICK UP

Sunday, April 7, 2019 • 7:30am
1ST BANK CENTER • 11450 Broomfield Lane, Broomfield 80021

FOR MORE INFORMATION

race4kidshealth.com or healthylearningpaths.org
Email: info@healthylearningpaths.org

RACE Day: Sunday, April 7, 2019

7:30am Registration and Packet Pick Up
8:00am Welcome and Warm Up
8am-12pm Expo: Where Science, Engineering & Health Collide4Kids
9:00am Chip Timed 5K Run/Walk
10:00am Mazzola's Miracle Fun Run/Walk – All Ages
Kids Marathon Challenge – 14 Years and Under
10:45am Awards Ceremony
11:15am Applebee's Buzz (100 yd) – 3-5 year olds
11:30am Diaper Dash – 2 years and under with adult
12:00pm Clean Up Party

USATF Certified Course by Race Measure Electronic Chip Timing by Racing Underground **BOLDERBOULDER** endorsed qualifier

Strollers are welcome in the 5K at the back of the last wave.
For the safety of participants, no dogs are allowed.

5K Run/Walk Registration	5K Adult Registration		5K Kids (14 & under)		Kids Marathon Challenge (14 & under)	Mazzola's Miracle FUN RUN	BUZZ / DASH
	Before 4/7/19	Race Day 4/7/19	Before 4/7/19	Race Day 4/7/19	\$15 with T-shirt & Medal	\$10 with T-shirt	\$10 with Cape
5K includes Full Hot Breakfast, Fitness T-Shirt, Swag, and Expo!	\$40	\$45	\$20	\$25			

Please retain upper portion for important information.

RACE4Kids' Health Entry Form

One registration per participant. EACH must be signed. Print clearly.
Check races for this participant only: 5K FUN RUN
 KIDS MARATHON CHALLENGE BUZZ DASH
 I have special needs.

First Name _____ Last Name _____
Street Address _____ Apt # _____
City _____ State _____ Zip _____
Day Phone # _____ Evening Phone # _____

Email Address _____
Birth Date (MM/DD/YYYY) _____ Age on Race Day _____
 Male Female Approximate 5K Time: _____
 I represent: (School Name) _____
 I am part of a 5K team (4 participants or more)
TEAM NAME _____

YES! I want to make a \$10 tax deductible donation to:
Healthy Learning Paths, Tax I.D. #20-3160075

Cape for 5K (kids 10 and under) instead of T-shirt:

Racer's T-shirt size (check one):

Youth: YXS YS YM YL
Ladies Tech: S M L XL XXL
Mens Tech: S M L XL XXL

Total due (non-refundable) \$ _____ Check # _____

Official Use Only

BIB #

Every entry must be signed by participant or parent before they can be processed.

Agreement & Waiver: Please read entry form carefully. Must be signed before entry can be processed.

I know that running/walking a 5K, 1K, Mile, Relay, DASH, or BUZZ is a potentially hazardous activity and that I should not participate unless I am medically able to and properly trained. I assume all risks associated with running or walking in this event, including but not limited to, falls, contact with other participants, the effects of weather, and road conditions, all such risks being known to me and appreciated by me. In consideration of acceptance of my entry, I hereby, for myself, my heirs, executors, administrators, or anyone else who might claim on my behalf, covenant not to sue, and I unconditionally waive and release and discharge Healthy Learning Paths, the City and County of Broomfield, event officials, volunteers, and all sponsors, including agents, employees, assigns, or anyone acting for or on their behalf, from any claim or liability for death, personal injury, or property damage of any kind or nature whatsoever arising out of or in the course of, my participation in this event, whether same be caused by negligence or fault. This release and waiver extends to all claims of every kind whatsoever, foreseen or unforeseen, known or unknown. I assume all risks associated with my use of a wheelchair of any kind or running or standard baby or child stroller including all risks for all occupants of such a wheelchair(s) or stroller(s) even if the occupants leave the wheelchair(s) or stroller(s) at any time. I also agree that photographs/video taken of me are the property of and for use by Healthy Learning Paths. I am of legal age and understand the consent and release.

Your Signature _____ Date _____

Parent's Signature (if you're under 18) _____ Date _____