



OFFICIAL USE ONLY  
 Bib #:  
 Initials:

## denver registration form

One registration form per person

Mail forms postmarked by October 27th to:  
 Great Candy Run - Denver  
 9786 S Holland Street, Littleton, CO 80127

## participant information

Age (on Race Day)

Birthday (00/00/0000)

First Name

Last Name

Telephone Number

T-Shirt Size




Sex



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 2017 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 2017 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)