BIB #: _____

Event Use Only

Event Date: December 5, 2026
Where: Washington Middle School 1101 Park SW
Albuquerque, NM 87102

Events: 10K 10:00 a.m.
5K: 10:05 a.m.
Kids K: 11:15 a.m.

EVENT REGISTRATION FORM

Please Print • OK to Photocopy • Race Number are NON-Transferable

First Name	Last Name	DOB / /	Age on Race Day	Gender ☐M ☐F

Address	City	State	Zip

Phone Number ( ) -	Email

10K RUN - *ALL AGES*
- ☐ **Early Registration** *(Until 11/2/26)* **$40**
- ☐ **Late Registration** *(After 11/2/26)* **$42**
- ☐ **Late Registration** *(After 11/22/26)* **$45**
- ☐ **Race Day** *(12/5/26)* **$50**

5K RUN or WALK - *ADULT*
- ☐ **Early Registration** *(Until 11/2/26)* **$40**
- ☐ **Late Registration** *(After 11/2/26)* **$42**
- ☐ **Late Registration** *(After 11/22/26)* **$45**
- ☐ **Race Day** *(12/5/26)* **$50**

5K RUN or 5K WALK - *17 AND UNDER*
- ☐ **Early Registration** *(Until 11/22/26)* **$20**
- ☐ **Late Registration** *(After 11/22/26)* **$22**
- ☐ **Race Day** *(12/5/26)* **$25**

1K RUN - *11 & Under*
- ☐ **Early Registration** *(Until 11/22/26)* **$15**
- ☐ **Late Registration** *(After 11/22/26)* **$18**
- ☐ **Race Day** *(12/5/26)* **$20**

T-SHIRT SIZE
☐ **YS** ☐ **YM** ☐ **YL**
☐ **S** ☐ **M** ☐ **L** ☐ **XL** ☐ **XXL (+$2)**

Payment Method: ☐ Cash ☐ Check ☐ Credit Card: ☐ Mastercard ☐ Visa ☐ American Express

Credit Card Number	Security Code	Expiration

My Personal Donation:	$
Total:	$
☐ **Enclosed is my check for:**	$

_____
Signature

MAKE CHECKS PAYABLE TO: RunFit | MAIL TO: 12104 Palm Springs Ave. NE, Albuquerque, NM 87111

Waiver: In consideration of your acceptance of my entry, I, for myself, my executors, administrators, and assignees, do hereby release and discharge the City of Albuquerque, Albuquerque Public Schools, Bernalillo County and RunFit and all other sponsors and associates for all claims of damage, demands, actions whatsoever in any manner arising or growing out of my participating in said athletic event. I attest and verify that I have full knowledge of the risks involved in this event, and I am physically fit and have sufficiently trained to participate in this event. If, however, because of my participation in this race I require medical attention, I hereby give my consent to the authorized medical personnel of this race to provide such medical care as is deemed necessary by such authorized personnel. I also understand that in the event this race cannot be held as scheduled due to an act of God or circumstances beyond control such as pandemics, terrorism, the race is not liable to refund any money paid by me to participate. Further, I hereby grant full permission to all the foregoing to use my photographs, videotapes, motion pictures, recordings, or any other record of this event for any legitimate purpose. I understand that the entry fee is non-refundable and that race numbers are not transferable. **Waiver (17 and Under):** If athlete is under age 18: This is to certify my son/daughter has my permission to compete in the Kringle Jingle and related events, is in good physical condition, and that race officials have my permission to authorize emergency treatment if necessary.

_____
Signature

Event Information and Register Online at www.irunfit.org