RunFit
Promoting Long-Term Health & Community Spirit

BIB #: _____
(Event Use Only)

EVENT DATE: December 12, 2026

WHERE: Southwestern Indian Polytechnic Institute
9169 Coors Rd. NW
Albuquerque, NM 87120

EVENTS:

- **Kids K** Starts at 5:15 p.m.
- **5K RUN:** 5:30 p.m.
- **5K WALK:** 5:40 p.m.

NM 5K FAROLITO

EVENT REGISTRATION FORM

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

First Name	Last Name	D.O.B.	Age on Race Day	Gender
		____/____/____		☐ M ☐ F

Address	City	State	Zip

Phone Number (____) ____	Email ____

5K RUN & 5K WALK (18 and older)

Registration Period	5K RUN	5K WALK
☐ Early Registration (Until 11/9/26)	$40	$40
☐ Late Registration (After 11/9/26)	$45	$45
☐ Late Registration (After 12/1/26)	$48	$48
☐ Race Day (12/12/26)	$50	$50

5K RUN & 5K WALK (17 and under)

Registration Period	5K RUN	5K WALK
☐ Early Registration (Until 12/1/26)	$25	$25
☐ Late Registration (After 12/1/26)	$28	$28
☐ Race Day (12/12/26)	$30	$30

KIDS K – (11 and under)

Registration Period	KIDS K
☐ Early Registration (Until 12/1/26)	$20
☐ Late Registration (After 12/1/26)	$22
☐ Race Day (12/12/26)	$25

T-SHIRT SIZE (Check One)

YOUTH ☐ YS ☐ YM ☐ YL | **ADULT** ☐ 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: $ _____

X _____
Signature (Required)

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, Bernalillo County, 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 circumtsances 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 NM Farolito 5K and related eventn, is in good physical condition, and that race officials have my permission to authorize emergency treatment if necessary.

X _____
Signature of Parent/Guardian (Required if athlete is under 18)

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

Event Information and Register Online at www.irunfit.org