



14th Annual Kolache Fest 5K September 26, 2026



Registration Form

Race starts at City Hall / Courthouse Square

Registration at 6:30 AM

Race Starts at 7:30 AM

****Refreshments and Presentation of Awards To Follow****

First Name _____ Last Name _____ Age _____

Address _____ City/State/Zip Code _____

Circle One: F or M Phone _____ E-mail _____

5K Run Awards: Top Overall Female & Male / Top 3 Females & Top 3 Males in each age group

Please check your age group:

- | | | |
|---------------------------------------|--------------------------------|------------------------------------|
| <input type="checkbox"/> 19 and under | <input type="checkbox"/> 30-39 | <input type="checkbox"/> 50-59 |
| <input type="checkbox"/> 20-29 | <input type="checkbox"/> 40-49 | <input type="checkbox"/> 60 and up |

Please check your shirt size:

- | | | | | |
|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Youth XS | <input type="checkbox"/> Youth S | <input type="checkbox"/> Youth M | <input type="checkbox"/> Youth L | <input type="checkbox"/> Youth XL |
| <input type="checkbox"/> Adult S | <input type="checkbox"/> Adult M | <input type="checkbox"/> Adult L | <input type="checkbox"/> Adult XL | |
| <input type="checkbox"/> Adult 2X | <input type="checkbox"/> Adult 3X | <input type="checkbox"/> Adult 4X | | |

PRE-REGISTRATION DEADLINE IS FRIDAY, SEPTEMBER 4th

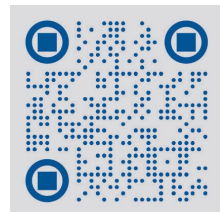
Online registration & Payment: www.athleteguild.com/event/hallettsville-tx/2025-13th-annual-kolache-fest-5k-run-and-walk

Those registered after September 4th ARE NOT guaranteed a t-shirt / NO REFUND FOR ANY REASON

Amount included:

- | | |
|--|---|
| <input type="checkbox"/> \$30.00 | <input type="checkbox"/> \$35.00 (after September 6 th) |
| <input type="checkbox"/> Check # _____ | <input type="checkbox"/> Cash |

Make checks payable to: Hallettsville Chamber of Commerce & Agriculture
Mail to: 1614 N. Texana St. Hallettsville, TX 77964



Signature: _____ Date: _____

Parent/Guardian (if a minor): _____ Date: _____

Emergency Contact: _____ Phone Number: _____

*Hallettsville Chamber of Commerce & Agriculture
1614 N. Texana St. – Hallettsville, TX 77964
Office: 361-798-2662
E-Mail: visit@hallettsville.com | www.hallettsville.com*

WAIVER AND RELEASE STATEMENT (all runners must read and sign):

In consideration of you accepting this entry, I, the participant, intending to be legally bound do hereby waive and forever release any and all right and claims for damages or injuries that I may have against the Event Director, Athlete Guild, and all of their agents assisting with the event, sponsors and their representatives, volunteers and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees.

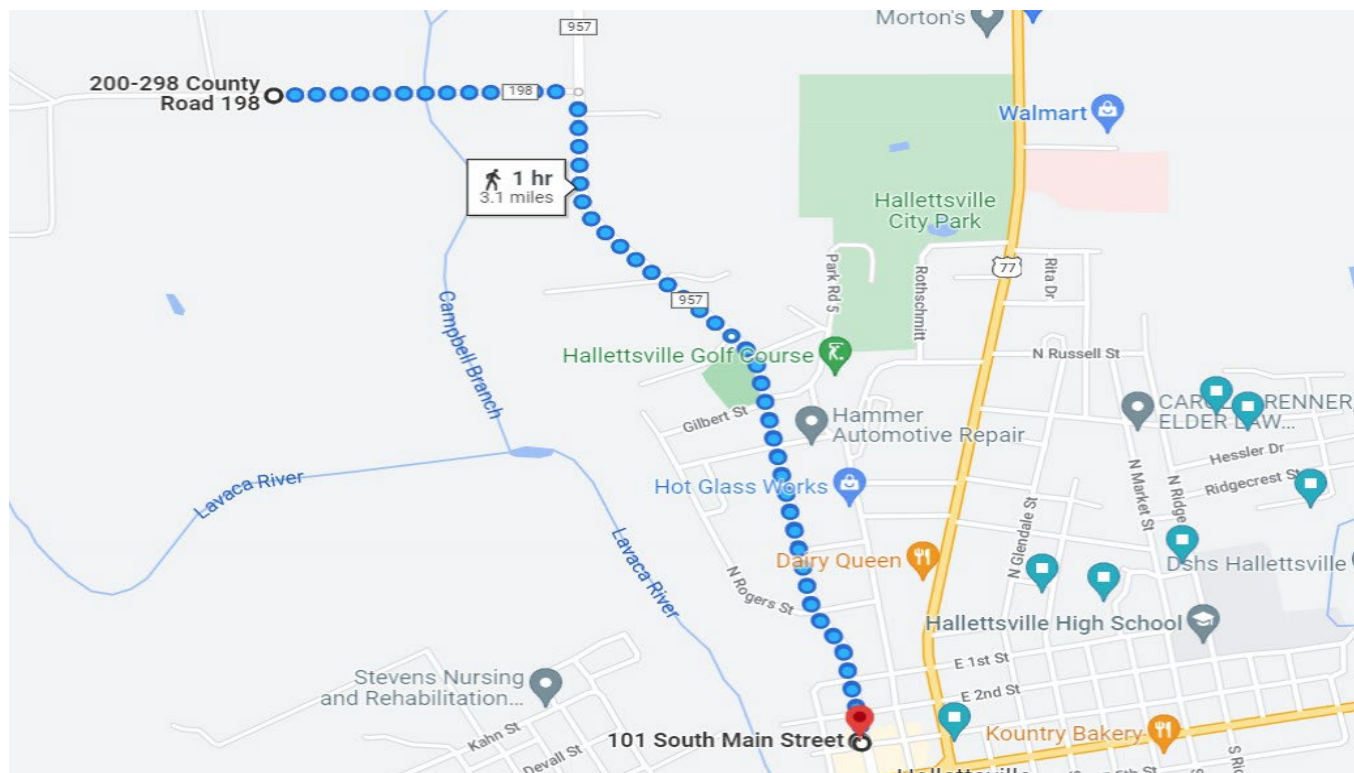
I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able to do so and properly trained. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of weather, traffic, and course conditions, and waive any and all claims which I might have based on any of those and other risks typically found in running a road race. I acknowledge all such risks are known and understood by me. I agree to abide by all decisions of any race official relative to my ability to safely complete the run. I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that a licensed Medical Doctor has verified my physical condition.

In the event of an illness, injury or medical emergency arising during the event I hereby authorize and give my consent to the Event Director to secure from any accredited hospital, clinic and/ or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to me including but not limited to medical transport, medications, treatment and hospitalization.

By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above release and waiver.

Further, I grant permission to all the foregoing to use my name, voice and images of myself in any photographs, motion pictures, results, publications or any other print, videographic or electronic recording of this event for legitimate purposes.

I also understand that this event has a No Refund policy.



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