



**Citizens**  
BANK MINNESOTA

... MAY 9, 2026 ...

**REGISTER ONLINE AT:**

**[https://bit.ly/Race2Raise5K\\_2026](https://bit.ly/Race2Raise5K_2026)**

Paper registration forms, map of the route, and more information can be found online at:  
[www.citizensmn.bank/inspire/community-involvement](http://www.citizensmn.bank/inspire/community-involvement)  
or under "Events" on our Facebook page:  
[www.facebook.com/citizensmn](http://www.facebook.com/citizensmn)

- Race date: Saturday, May 9, 2026
- Race begins at 7:45 a.m. at Citizens Bank Minnesota, 105 N. Minnesota St., New Ulm- back parking lot.  
Packet pick-up will begin at 6:45 a.m., inside the back entrance of the bank.
- Course will use city streets, sidewalks and the Bike Trail System.
- Race will end at German Park.
- Professional chip-timing provided by Wayzata Results.
- Medals will be awarded to the top 3 male and top 3 female finishers in age groups.
- All paid participants will receive a technical t-shirt (if registered by April 16, 2026).
- Both walkers and runners are welcome.
- Bring your paper bib number to the B&L Bar after the event to redeem for one free beverage. (Good race day only)
- Included in race packet: a coupon for a free small dish or cone at MN Eis & \$1.00 off a beverage at The Coffee Keller.
- Early registration fee: \$30 for adults (18+), \$22 for students (ages 6-17), children 5 and under are free.
- Same day registration fee: \$35 for adults (18+), \$30 for students (ages 6-17).
- Race Day registration closes at 7:30 a.m.

**Cost:**

Adults (18+) - \$30

Students (ages 6 - 17) - \$22

Children 5 and under - Free

**Deadline to register and be guaranteed a shirt: April 16, 2026**

**Paid Adults & Students: Please select T-shirt size:**

Youth S M L XL

Adult XS S M L XL 2XL

**Send this completed form with payment to:**

Citizens Bank Minnesota  
c/o Sarah Seifert  
P.O. Box 547  
New Ulm, MN 56073

Please make checks payable to:

**Allina Health Cancer Institute - New Ulm**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Medical Limitations/Special Concerns: \_\_\_\_\_

I understand that participation is completely voluntary and that the activity is being offered for the benefit of the named participant. I agree that the participants are participating in the activity at their own risk. I know that there may be traffic on the course route and I must watch for vehicles at intersections and on the roads. I also agree that Citizens Bank Minnesota, its agents and employees will not be liable for any claims, or causes or action (known or unknown, foreseen or unforeseen) injuries or damages of any nature incurred by the participants due to the negligence of Citizens Bank Minnesota, its agents or employees, arising out of or connected with the Race 2 Raise 5K and any pre- and post- event activities. On my own behalf, as a participant, I expressly release and discharge Citizens Bank Minnesota, its agents and employees from any such claims, injuries or damages. Unless noted, I do hereby allow Citizens Bank Minnesota to use any photographs and/or video taken by the bank of the individual named herein, in bank informational publications released to the general public, without monetary payment to me. This Waiver shall be construed broadly to provide release and waiver to the maximum extent permissible under applicable law. I hereby acknowledge the inherent risk of transmission or exposure to the COVID-19 virus (aka "Coronavirus"), or any other infectious diseases, and agree to indemnify and hold harmless Citizens Bank Minnesota and its employees, from any loss, liability, damage, or cost, including attorney's fees, that I may incur arising out of or related to any illness or death caused by an infectious disease. I also agree to comply with all Executive Orders and guidelines issued by the Governor of the State of Minnesota, the Minnesota Department of Health, and the Federal Government with respect to COVID-19 and other infectious diseases. I understand safety precautions will be in place the day of the event. I also understand that there are NO REFUNDS, transfers or deferrals. I hereby certify that I have read this document and I understand its content.

Participant Name: (please print) \_\_\_\_\_ Date: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Parent Signature: (if under age 18) \_\_\_\_\_