



10.16.26

Visit Mankato invites you to be part of the 17th Annual Mankato Marathon at the Scheels Wellness Expo Friday, October 16, 2026, at the Mayo Clinic Health System Event Center in Mankato. Runners participating in the Full Marathon, Half Marathon, Marathon Relay, 10K, 5K and KidsK attend the Expo to pick up their race packet, get information and check out vendor offerings.

The Scheels Wellness Expo provides the runners and the public the opportunity to browse the Expo to see what's new in the running world and see the latest trends. An estimated 4,000+ people attended the Expo in 2025, so don't miss the opportunity to get in front of this crowd.

LOCATION:

Mayo Clinic Health System
Event Center Grand Hall
1 Civic Center Plaza, Mankato

DATE & TIME:

Set Up: 9 AM - 12 PM
Expo: 12 PM - 6 PM
Tear Down: 6 PM - 8 PM

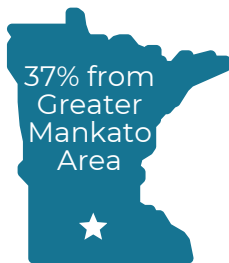
BOOTH:

- 8' x 24" skirted table
- 2 Chairs
- Back & Side Drape

2025 STATS:

- 4,000+ attendees
- 3,430 Runners
- Open to the public

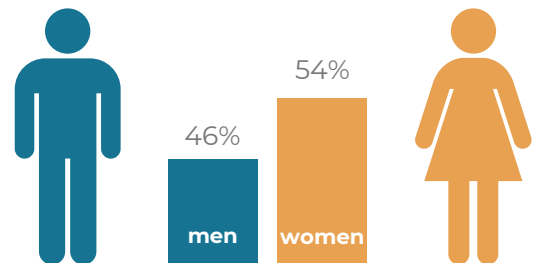
FACTS & FIGURES



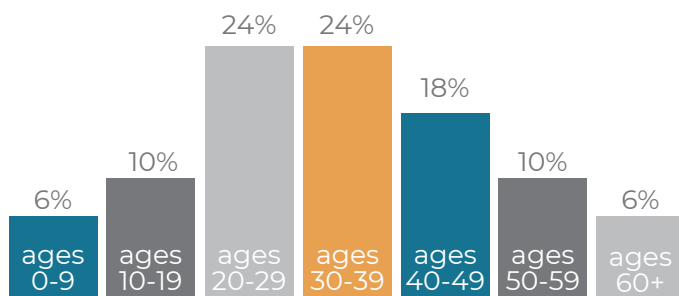
There were 36 states represented in the 2025 Mankato Marathon

87% of participants were Minnesota residents

LOCATION DEMOGRAPHICS



GENDER DEMOGRAPHICS



AGE DEMOGRAPHICS



CONTACT INFORMATION

(507) 385-6640
or marathon@visitmankatomn.com

MANKATO MARATHON EXPO VENDOR APPLICATION



As a supplier and partner in the running industry, the Scheels Wellness Expo is the perfect opportunity for your company to gain exposure to a target audience. This is a free event for participants and their families and it is open to the public. Check in and registration for all runners is located in the Expo.

VENDOR BUSINESS NAME: _____

CONTACT NAME: _____

MAILING ADDRESS: _____

PHONE: _____

EMAIL: _____

WHAT ARE YOU LOOKING TO ADVERTISE OR WHAT SERVICES ARE YOU GOING TO PROVIDE AT THE EXPO?

All vendors selling products MUST provide a ST19 form.

PAYMENT

CHECK: Make payable to Visit Mankato.
 CREDIT CARD*: *Convenience fee of 3.5% will be applied when credit card payment is processed.*

VISA AMERICAN EXPRESS
 MASTERCARD DISCOVER

CARD NUMBER _____

NAME ON CARD _____

EXP. _____ CVC _____ BILLING ZIP CODE _____

BOOTH OPTIONS

	GMG MEMBER	NON-GMG MEMBER
Standard (10' x 10')	\$250	\$300
Double (10' x 20')	\$450	\$500
Art Vendor*/Non-Profit (10' x 10')	\$150	\$200

other sizes available upon request

8' table and 2 chairs and internet included with each booth space.
Cost for electricity is not included and will be billed by the MCHS Event Center.

*Art Vendor = Independent small business owner with locally crafted or produced products.

COMPLETED FORM WITH PAYMENT MUST BE RECEIVED BY OCTOBER 1, 2026 TO PARTICIPATE.

Mail forms and payment to: Visit Mankato, 3 Civic Center Plaza Ste 100, Mankato, MN 56001.

All sales are subject to approval by the Mankato Marathon. All sales are final and no refunds will be made to exhibitors that do not show.

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I (individual or business) hereby assume all the risks of participating in this event. I acknowledge that this Accident Waiver and Release of Liability (AWRL) form will be used by the event holders, sponsors and organizers, in which I may participate and that it will govern my actions and the responsibilities at said event. In consideration of my application and permitting me to participate in the Mankato Marathon Expo, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: Waive, Release, and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter accrue to me or my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSON(S): City of Mankato, Blue Earth County, Visit Mankato, Final Stretch, Anderson Race Management, Mayo Clinic Health System Event Center, their directors, officers, employees, volunteers, representatives, and agents, the event holders, event sponsors, event directors, event volunteers; (B) Indemnify and Hold Harmless the entities or person(s) mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of my actions during the Mankato Marathon Expo. I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident and/or illness during the event. I understand that at this event I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and/ or assigns. This AWRL shall be construed broadly to provide release and waiver to the maximum extent permissible under applicable law: I hereby certify that I have read this document; and, I understand its content.

Signature _____ Date _____