

# 7th Annual GO RUN

Saturday, September 20, 2014 • 8:00 AM



Presented by



**Benefits:** USA Mitchell Cancer Institute - Gynecologic Cancer Research  
**Organized by:** USA Mitchell Cancer Institute & LRH Productions  
**Distance:** Certified 5K Course Fun Run approximately 1 Mile  
**Location:** University of South Alabama Campus – **Mitchell Center Lawn/ Moulton Bell Tower**  
**Registration:** **Pre-registration: By mail** – Must be post marked by Monday, September 15<sup>th</sup>  
**In person** - McCoy Outdoor, Run-N-Tri in Mobile or Running Wild in Fairhope until noon Thursday, September 18<sup>th</sup>  
**Online** - [www.usamci.com/gorun](http://www.usamci.com/gorun) until September 18<sup>th</sup> at noon  
**\*Packet Pick-up and Registration** - Friday, September 19<sup>th</sup> at The Mitchell Center, USA campus from 11AM – 6PM  
**\*Race day registration and Packet Pick-up** from 6:30 AM – 7:30 AM at the Mitchell Center Lawn

**Entry Fees:**

<u><b>Pre-Registration</b></u>	<u><b>Day of Race</b></u>
<b>Adult (11+):</b> \$25	<b>Adult (11+):</b> \$30
<b>Youth (10 and under):</b> \$10	<b>Youth (10 and under):</b> \$15

**RUNNER IN SPIRIT \$20** (Runner in Spirit will receive a t-shirt but doesn't participate in the run) Runner in Spirit must pick up shirt at Packet Pick Up

**Teams:** Teams of 6 or more. Each individual must complete a race application and **each team must submit a Team Application by September 17<sup>th</sup>**. Awards will be given in various categories.

**Awards:** **5K:** Top male and female Overall, Masters, Grandmasters, Senior Grandmasters, and Race walker. Top three male and female in age groups: 10 and under, 11-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74 and 75-99.  
**FUN RUN:** Top Male and Female. Award Ribbon will be given to all Fun Run Participants.

**Shirts:** Gender Specific Performance (tech/dri-fit) Shirts. **To be guaranteed a shirt, you must submit your application by Friday, September 5th.** Women's shirts tend to be form fitting. Youth Shirts will be cotton.

**Post-Race:** Vendors on location, great freebies, GO Run Merchandise for sale, music & a kid's zone. Food & beverages will be provided before and after the race.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City, State & ZIP \_\_\_\_\_

DOB \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

**Category:** Runner/Walker Racewalker **Event: ADULT:** 5K Fun Run Runner in Sprit **YOUTH (10 and under):** 5K Fun Run Runner in Spirit

**T-Shirt:** Youth: YXS YS YM YL YXL Adult: XS S M L XL XXL **I am a cancer:** Patient Survivor

**I am on a TEAM:** Yes No **Team Name:** \_\_\_\_\_ **Team Captain:** \_\_\_\_\_

**I would like to walk/run In Honor/Memory\*\* of:** \_\_\_\_\_  
 (\*\*Ribbons with person's name will be placed around the Mitchell Center Lawn, \$5 suggested donation)

**YES, I would like to give a tax deductible donation of \$\_\_\_\_\_ to the USA Mitchell Cancer Institute.**

I know that running a road race is a potentially hazardous activity that could cause injury or death. I should not enter and run unless I am medically able and properly trained, and by my signature I certify that I am medically able to perform this event, am in good health and am properly trained. I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I assume all risks associated with running or walking in this event, including but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. I understand that bicycles, skateboards, baby joggers, roller skates or blades, animals, and radio headsets are not allowed in the race and I will abide by these guidelines. Having read this waiver and knowing these facts and in consideration of the acceptance of my entry, I, for myself and anyone entitled to act on my behalf, waive and release LRH Productions, the USA Mitchell Cancer Institute, the University of South Alabama and its trustees, officers, agents, servants and employees, all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_ AMOUNT ENCLOSED: \_\_\_\_\_  
 (Parent/Guardian must sign for participants under 19)

**Make checks payable to:** USA MITCHELL CANCER INSTITUTE  
**Mail application and fees to:** GO RUN; LRH Productions, P.O. Box 6976, Mobile, AL 36660

