



5K and Fun Run

Friday, October 21, 2016 • 6 PM



- Benefits:** USA Children's & Women's Hospital Pediatric Emergency Department
- Location:** USA Campus - Lawn of the Mitchell Center near Moulton Tower
- Distance:** Certified 5K course on USA Campus. Scary Scurry Fun Run is approximately 1 Mile
- Registration:** Register by mail (entries should be postmarked by October 10), in person at McCoy Outdoor or Run-N-Tri in Mobile or Running Wild in Fairhope until noon on Wednesday, October 14, or online (bit.ly/TrickorTrot16) until 12 AM on October 20. Early packet pick-up and late registration will be available on Thursday, October 20, from 12 - 6PM at Children's and Women's Hospital Cafeteria and Friday at the Mitchell Center Registration Tent at 4:30 PM.
- Entry fees:**
- | | | |
|--|--------------------------------------|---------------------------|
| Pre-registered BY 12 AM SEPT 30 | Regular Registration OCT 1-20 | Day of Race OCT 21 |
| Adult: \$20 | Adult: \$25 | Adult: \$30 |
| Children (15 and under): \$10 | Children: \$15 | Children: \$15 |
- Can't attend? Support the hospital by being a "Ghost" Runner: \$15 *All fees include race shirt
- Awards:** Top male and female Overall, Masters, Grandmasters, Senior Grandmasters, and Race Walker. Top three male and female in age groups: 9 and under, 10-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, and 70-99.
- Shirts:** Participants pre-registered by October 1 are guaranteed a t-shirt on race day. Late registrants will receive t-shirts as long as supplies last.
- Post-Race Party:** Vendor tents, kid friendly "monster" movie, music, pumpkin decorating, trick-or-treating, Food and beverages will also be provided.

Last Name _____ First Name _____ Age _____ Sex _____

Address _____ City, State & ZIP _____

Date of Birth _____ Phone _____ Email _____

Style: Runner Race Walker **Event:** 5K Fun Run Ghost Runner

T-Shirt Size: YXS YS YM Adult: S M L XL 2XL* 3XL*

*Please add \$3 for 2XL and 3XL

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 your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release USA Children's and Women's Hospital, the University of South Alabama and its trustees, officers, agents, servants and employees, LRH Productions, 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 or institutions named in this waiver.

Signature of Participant _____ Date _____

(Parent/Guardian must sign for participants under 19)

Make checks payable to: USA CHILDREN'S & WOMEN'S HOSPITAL

Mail completed applications and fees to: CWH DEVELOPMENT OFFICE 1700 CENTER STREET MOBILE, ALABAMA 36604