

**12<sup>th</sup> Annual Ingalls 5K on the Causeway**  
**Saturday April 13, 2024**  
 Benefiting Special Olympics Mississippi (SOMS)  
**Singing River Island (Ingalls Shipbuilding Fit Center)**  
 75 Wisconsin Loop, Pascagoula, MS 39567  
[facebook.com/Ingalls5KontheCauseway](https://facebook.com/Ingalls5KontheCauseway)



*\*required information*

**7:30 AM Warm up and Welcome**  
**8:00 AM Certified 5K and Flat course followed by Fun Run**

\_\_\_\_\_  
 \*(Please Print) LAST NAME FIRST NAME \*PHONE E-MAIL

\_\_\_\_\_  
 HOME MAILING ADDRESS CITY & STATE ZIP

\*(new) CIRCLE ONE: **Ingalls Employee** Individual Team SOMS Athlete SOMS Companion Sponsor

\*GENDER \*AGE ON RACE DAY \*EVENT  
 ( ) MALE (for awards only) ( ) 5K RUN ( ) NON-RACER (t-shirt only)  
 ( ) FEMALE ( ) 5K WALK ( ) FUN RUN (5-10yrs)  
 ( ) DONATION ONLY (Stop here Thank You!)

VP CHALLENGE (Ingalls employees only)  
 VP NAME: \_\_\_\_\_

Participants registered by the **Early Bird deadline April 1, 2024** are guaranteed a shirt. Beginning **April 2<sup>nd</sup>** an additional \$5 will be charged for registration, only cotton t-shirts will be available, while supplies lasts.

**\* RACER FEES:**

**EARLY REGISTRATION:** ADULT COTTON \$20\_\_\_\_ADULT DRI-FIT \$25\_\_\_\_ KIDS COTTON \$12\_\_\_\_KIDS DRI-FIT \$15\_\_\_\_  
 (ADULT SIZES) S\_\_M\_\_L\_\_XL\_\_ **add \$3** 2X\_\_3X\_\_4X\_\_\_\_ (KIDS) YS\_\_YM\_\_YL\_\_YXL\_\_\_\_

**LATE REGISTRATION:** ADULT COTTON \$25\_\_\_\_DR-FIT \$30\_\_\_\_ KIDS COTTON \$12\_\_\_\_KIDS DRI-FIT \$15\_\_\_\_  
 (ADULT SIZES) S\_\_M\_\_L\_\_XL\_\_ **add \$3** 2X\_\_3X\_\_4X\_\_\_\_ (KIDS) YS\_\_YM\_\_YL\_\_YXL\_\_\_\_

**SPECIAL OLYMPIAN ATHLETES:** FREE ADULT COTTON\_\_\_\_ADULT DRI-FIT\_\_\_\_  
 (ADULT SIZES) S\_\_M\_\_L\_\_XL\_\_2X\_\_3X\_\_4X\_\_\_\_

**T-SHIRT ONLY:** ADULT COTTON \$10\_\_\_\_ADULT DRI-FIT \$15\_\_\_\_ (ADULT SIZES) S\_\_M\_\_L\_\_XL\_\_ **add \$3** 2X\_\_3X\_\_4X\_\_\_\_

**TEAM DISCOUNT:** (10 OR MORE PARTICIPANTS ADULT COTTON \$15 ADULT DRI-FIT \$20)  
 \*(Team captains **MUST** contact JONI GOODMAN at [jgoodman@quadmedical.com](mailto:jgoodman@quadmedical.com) or 228-935-4580 **DEADLINE APRIL 7<sup>th</sup>**)

TEAM NAME: \_\_\_\_\_ TEAM CAPTAIN: \_\_\_\_\_

**SPONSOR TEAM:** ADULT COTTON \$15\_\_\_\_ADULT DRI-FIT \$20\_\_\_\_ (ADULT SIZES) S\_\_M\_\_L\_\_XL\_\_2X\_\_3X\_\_4X\_\_\_\_

SPONSORSHIP: \_\_\_\_\_ BUSINESS NAME: \_\_\_\_\_

**I (the) undersigned, intending to be legally bound for my spouse, children, my legal representatives, successors, assigns and I do hereby:**

- Acknowledge that my participation in any road race exposes me to possible injury and I fully assume all risks inherent in my participation. I know that running a road race is a potentially hazardous activity. I should not enter or run unless I am medically able and properly trained. I also know that there may be traffic on the course route. I assume any and all other risks associated with running this event including but not limited to fall, contact with other participants, the effects of the weather, including high heat and/or humidity, and condition of the roads – all risks being known and appreciated by me.
- Knowing these facts, and in consideration of the sponsors accepting my entrance fee, I hereby for myself (or my minor child, if applicable), my heirs, executors, administrators, or anyone else who might claim on my behalf, waive and release and covenant not to sue Huntington Ingalls Incorporated, QuadMed., Jackson County, or Jackson County Port Authority and any and all other sponsors of this event, including their agents, employees, assigns, or anyone acting on their behalf, and any volunteers acting for the event, from any and all claim or liability for death, personal injury or property damage of any kind or nature whatsoever arising out of or in the course of my participation of this event. This Release and Waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown.
- I hereby agree to indemnify and hold harmless Huntington Ingalls Incorporated, QuadMed, Jackson County, or Jackson County Port Authority and anyone associated or affiliated with the sponsors of this event from any and all liability, loss, damage, expense, or cost of any kind of nature whatsoever from any and all claims for property damage, personal injury and/or any other claims arising from my participation in the event, including claims that are known or unknown, foreseen or unforeseen, future or contingent.
- I hereby covenant that I shall not now or at any time in the future, directly or indirectly, commence or prosecute any action, suit or other proceeding against Huntington Ingalls Incorporated, QuadMed, Jackson County, or Jackson County Port Authority, the other sponsors, and anyone associated or affiliated with these institutions arising out of, relating to, or in connection with the actions, causes of action, claims and demands hereby waived, released or discharged by me.
- I hereby attest that I am aware of the extent of the physical exercise associated with the run and that I am physically fit to participate; and
- I hereby consent to receive medical treatment in the event of injury, accident, and/or illness during my participation in the 5K run/walk event.
- The undersigned also grants full permission to the event sponsors and/or their agents to use my image, photographs, videotapes, motion pictures, recording or any other record of this event for any purpose.
- Applications for minors are accepted only with permission and signature of a parent or guardian  
 ( ) I have read the foregoing and I fully understand and agree to it or for my minor child, as applicable. \_\_\_\_\_Initial

Signature of Runner Date Parent signature if runner under age Date

**Make checks payable to SOMS**

mail to: Joni Goodman, M/S 1030-03 HII-Ingalls Shipbuilding, P.O. Box 149 Pascagoula, MS 39568  
 email: [jgoodman@quadmedical.com](mailto:jgoodman@quadmedical.com)

