

Sign Up Today!

16th Annual GO RUN

Saturday, September 16, 2023
5K at 8:00 AM • Fun Run at 9:00 AM



****EARLY PACKET PICK-UP – FRIDAY, SEPT. 15 11 AM – 6 PM****
SGA Pavilion located direct across from Hancock Whitney Stadium

Benefits: USA Health Mitchell Cancer Institute - Gynecologic Cancer Research
Organized by: USA Health Mitchell Cancer Institute & LRH Productions
Distance: Certified 5K Course Fun Run approximately 1 Mile
Location: University of South Alabama Campus – SGA Pavilion – Located directly in front of Hancock Whitney Stadium.

Registration: **Pre-registration: By mail** – Must be post marked by Tuesday, September 6th
In person - McCoy Outdoor, Run-N-Tri, Fleet Feet in Mobile or Running Wild in Fairhope until noon September 13th
Online Registration opens on June 1 - www.usahealthsystem.com/gorun until September 15th at 11:59 PM
***Packet Pick-up and Registration** - Friday, September 15th at the SGA Pavilion, USA campus from 11AM – 6PM
***Race day registration and Packet Pick-up** from 6:30 AM – 7:30 AM at the SGA Pavilion

Entry Fees: **Early Bird Special (June 1st- July 31st)** **Pre-Registration (Aug. 1st- Sept. 14th)** **Packet Pick Up & Day of Race (Sept. 15th & 16th)**
Adult (13+): \$25 Adult (13+): \$30 Adult (13+): \$35
Youth (12 and under): \$15 Youth (12 and under): \$15 Youth (12 and under): \$20

Run Virtually (formally known as Runner in Spirit) - register online at www.usahealthsystem.com/gorun price includes shipping. Registration to run virtually opens on June 1st.

Teams: Teams of 6 or more. Register online to join a team. 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: 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, 70-74, 75-79 and 80+.
FUN RUN: Top Male and Female. Award Ribbon will be given to all Fun Run Participants.

Shirts: **T-shirt sizes are limited, please refer to the registration website for available size inventory. Adult shirts are unisex sizes small – 3x-large, youth shirts are unisex size youth small, youth medium, and youth large.**

Post-Race: Vendors on location, great freebies, 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 **YOUTH (12 and under):** 5K Fun Run
(Virtual Run registration available online only)

T-Shirt: ADULT (unisex): S M L XL 2XL 3XL **YOUTH (cotton):** YS YM YL

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

I am a cancer (circle): Patient Survivor **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 Health 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 Health 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 HEALTH MITCHELL CANCER INSTITUTE

Mail application and fees to: GO RUN; Office of Development, 650 Clinic Drive TRPlll Suite 1500, Mobile, AL 36688

