



Presented by



18th Annual

GO Run

Saturday, September 27, 2025

5K at 8:00 AM • Fun Run at 9:00 AM

Benefits: USA Mitchell Cancer Institute – Gynecologic Cancer Research

Organized by: USA Mitchell Cancer Institute

Distance: Certified 5K Course (USATF# AL22032JE) Fun Run approximately 1 Mile

Location: SGA Pavilion – University of South Alabama Campus – in front of Hancock Whitney Stadium

Registration: Pre-registration: By mail – Must be postmarked by September 20, 2025

In person - McCoy Outdoor, Run-N-Tri. Fleet Feet in Mobile or Running Wild in Fairhope until noon September 22

Online - <http://usahealthsystem.com/gorun> until 6 AM September 26

~ **Early Packet Pick-up and Registration** - Friday, September 26 at the SGA Pavilion, USA campus from 11AM – 6PM

~ **Race day Packet Pick-up and Registration** from 6:30 AM – 7:30 AM at the SGA Pavilion



Entry Fees: Early Bird Special (June 1 - July 31)

Adult (13+): \$25

Youth (12 and under): \$15

Pre-Registration (Aug. 1 - Sept. 16)

Adult (13+): \$30

Youth (12 and under): \$15

Day of Race (Sept. 27)

Adult (13+): \$35

Youth (12 and under): \$20

Virtual Runner: \$35 - fee includes shipping charges

Teams: Teams of 6 or more. Register online to join a team. Team awards will be given in various categories.

Awards: **5K:** Top male and female Overall, Masters, Grandmasters, Senior Grandmasters, Race walker, and Adaptive Athlete. 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. Finisher Ribbons will be given to all Fun Run finishers.

Shirts: Race shirts will be unisex in sizing and short sleeved. To be guaranteed a shirt, your application must be **received** by September 13. Please refer to the registration website to check available size inventory.

Post-Race: Vendors on location, great freebies, music and a kid's zone. Food and beverages will be provided before and after the race.

Last Name _____ First Name _____ Sex M F Age _____

Address _____ City, State & ZIP _____

DOB _____ Phone _____ Email _____

Category: Runner/Walker Race walker **Event:** 5K Fun Run (Virtual Runner available online only)

T-Shirt (circle): ADULT Size: XS S M L XL 2XL 3XL **YOUTH Size:** 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 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; Office of Development, 650 Clinic Drive TRPIII, Suite 1500, Mobile, AL 36688

