	the one fam run benefitit	The Pediatric Emergency Department	Benefits : Department	(USA Heal	5 PM M USA M	ctober 18 oulton T lain Cam ^{Women's Hospital}	ówe ipus	er		
	LSA HEALTH CHILDREN'S & WOMEN'S HOSPITAL		Location: USA Campus - Lawn of the Mitchell				ll Center near Moulton Tower us. Fun Run is approximately 1 Mile.			
Re	gistration: R	egister by mail (entries should be postmarked by October 11th), in person at McCoy Outdoor or Run-N-Tri in Mobile or Running Wild in Fairhope until noon on Wednesday, October 17th, or online (usahealthsystem.com/trick-or-trot) until 11:59 PM on October 16th. Early packet pick-up and late registration will be available on Thursday, October 17th from 12 – 6PM at USA Health Children's and Women's Hospital Cafeteria and Friday, October 18 th at USA Mitchell Center, Main Registration Tent at 4:00 PM.								
E	Entry fees:	Pre-registered BY 11:59 PM SEPT 14 Adult: \$20 Children (15 and under): \$10 Can't attend? Support the hospital by be			Adult: \$25 Children: \$15			Adult: \$30 Children: \$15		
Awards: Shirts:		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.								
		Participants pre-registered by <u>October 1st</u> are guaranteed a t-shirt on race day. Late registrants will receive t-shirts as long as supplies last.								
Post-Race Party:		All registered racers will have access to the "Monster Mash" party after the race. Vendor tents, jump houses, music, photo booth, pumpkin decorating, food, drinks and trick or treating! If you are not a runner, you can purchase a wristband for the Monster Mash at the Main Tent for \$5.								
Last Name		First Name				A	ge _	Sex	_	
Address		City, State & ZIP								
Date of Birth Phone					Email				-	
Style:	Runner	Race Walker	Event	: 5K	Fun Run	Ghost Runne	. r			

ALL SHIRTS ARE GENDER NEUTRAL CHARCOAL GRAY

T-Shirt Size: YXS YS YM

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

(Parent/Guardian must sign for participants under 19)

Make checks payable to: USA HEALTH CHILDREN'S & WOMEN'S HOSPITAL Mail completed applications and fees to: USA DEVELOPMENT OFFICE ATTN: TRICK OR TROT 650 CLINIC DRIVE TRP III SUITE 1500 MOBILE, ALABAMA 36688

Date

S

M

XL

HEALTH

2XL

3XL

Adult: