



***required information**

April 9th 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 VP CHALLENGE (Ingalls employees only)
 MALE () 5K RUN () NON-RACER (t-shirt only)
 FEMALE () 5K WALK () FUN RUN (5-10yrs)
 () DONATION ONLY (Stop here Thank You!) VP NAME: _____

Participants registered by the Early Bird deadline, March 21, 2022, are guaranteed a shirt. Beginning March 22nd an additional \$5 will be charged for registration. T-shirts will be available, while supplies lasts, on race day for participants registering after April 1st

*** RACER FEES:**

EARLY REGISTRATION: ADULT COTTON \$15____ADULT DRI-FIT \$20____ KIDS COTTON \$10____KIDS DRI-FIT \$15____
 (ADULT SIZES) S__ M__ L__ XL__ **add \$2** 2X__ 3X__ 4X__ (KIDS) YS__ YM__ YL__ YXL__

LATE REGISTRATION: ADULT COTTON \$20____ADULT DRI-FIT \$25____ KIDS COTTON \$15____KIDS DRI-FIT \$20____
 (ADULT SIZES) S__ M__ L__ XL__ **add \$2** 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__

NON-RACER: ADULT COTTON \$15____ADULT DRI-FIT \$20____ (ADULT SIZES) S__ M__ L__ XL__ **add \$2** 2X__ 3X__ 4X__

TEAM DISCOUNT: (10 OR MORE PARTICIPANTS ADULT COTTON \$10 ADULT DRI-FIT \$15)

***(Team captains MUST contact JONI GOODMAN at JGOODMAN@quadmedical.com or 228.935.4580 DEADLINE APRIL 1ST)**

TEAM NAME: _____ **TEAM CAPTAIN:** _____

SPONSOR TEAM: FREE ADULT COTTON____ADULT DRI-FIT____ (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" and mail to:

Joni Goodman, M/S 1030-03 HII-Ingalls Shipbuilding, P.O. Box 149, Pascagoula, MS 39568 Phone: 228-935-4580 Email: joni.goodman@hii-ingalls.com

