## 2025 PGDC RACE WEEKEND REGISTRATION FORM - FEB 22 & 23, 2025

RACE FEES - Must be Postmarked by 9/30/202	24
□ 15K\$	
□ 5K RUN (5 yrs. & older)\$	FIRST NAME
□ 5K WALK (5 yrs. & older)\$	15
☐ 5K STROLLER ROLL (5 yrs. & older)\$	I AST NAME
□ 5K STROLLER ROLL (4 yrs. & younger)\$5 o	ea. M 🔾 F 🔾
Child Name	DATE OF BIRTH AGE ON SELECT GENDER CELL PHONE
Child Name	RACE DAY
☐ HALF MARATHON\$1	10
□ 8K RUN\$	EMAIL (REQUIRED FOR REGISTRATION CONFIRMATION) 50
□ 8K WALK\$	50
☐ MICHELOB ULTRA CHALLENGE\$20 (Run the 15K, 5K, Half Marathon & 8K)	ADDRESS/APT.
☐ MICHELOB PURE GOLD CHALLENGE	OO CITY, STATE, ZIP
☐ MICHELOB ULTRA INFUSION CHALLENGE\$1 (Run the 15K & 8K)	
☐ MICHELOB ULTRA ORGANICE SELTZER CHALLENGE	GENDER SPECIFIC T-SHIRT SIZE  Select Size:  XS SM MED LRG XL XXL XXXL
NON-GENDER SPECIFIC CHALLENGE JACKETS Select Size: □ XS □ SM □ MED □ LRG □ XL □ XXL □ XXXI	USAA MILITARY DIVISION - Please select your branch ☐ ARMY ☐ NAVY ☐ MARINES ☐ AIR FORCE ☐ COAST GUARD ☐ NAT'L GUARD ☐ SPACE COAS'
ADD PROCESSING FEE (MANDATORY) +\$5 TOTAL AMOUNT DUE \$	registrations, a \$5 Processing Fee must be added to the Total Amount Due. If payment is submitted without the \$5 Processing Fee included, the entry form and payment will be returned.
know that running a road race is a potentially hazardous activity that could cause injury or death. I will not enter and participate unless I am medically able and properly trained. By my signature, I certify that I am in good salth, have not been advised by a physician or other medical provider not to participate in this or a similar event or physical activity, and I am adequately trained for each and all of the events I am entening. (If in doubt as to bur physical activity, and I am adequately trained for each and all of the events I am entening. (If in doubt as to bur physical condition to engage in an event as strenuous as these races, it is strongly recommended that you seek the advice of a competent physician.) I agree to abide by any decision of a race official, including law inforcement officials, 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 attest that I have read the race rules and agree to bide by them.  I as condition to participating in this event, I assume all risks associated with or relating to participation, including, but not limited to: falls; potentially injurious physical contact with other participants, volunteers, representative, shoulders and sidewalks or other public areas on and around the reace course or post-race event venues; the effects of weather on participants and/or the course (including but not mitted to high or low temperatures, rain or wind), any acts of violence that occur at or during the event; and the potential of contracting a communicable disease associated with contact, or being in close proximity, with other articipants, volunteers, race personnel, contract service providers, employees, and speciators. I understand and acknowledge that the Gasparilla Distance Classic Association ("GDCA") cannot fully protect me from or against the right of my entry being accepted in the Publix Gasparilla Distance Classic 15K, SK, Half Marathon, 8K, Michelob Ultra Challeng	
parent or guardian, hereby consent to the applicant's participation	and waive and release all rights and claims for damages as is more fully set forth above.  nature of Parent/Guardian (if under 18)
Jigitatare Jig	matare of Farenty Gaurdian (if and of 10)
Emergency Contact	Emergency Contact Phone

PLEASE NOTE: If you intend to run more than one distance, you must register and complete an Entry Form for each. Unless you are running the Michelob Ultra Challenge, Michelob Ultra Organic Seltzer Challenge, Michelob Ultra Pure Gold Challenge, or the Michelob Ultra Infusion Challenge, you will be isued a seperate Race Number for each distance.

Mail payment and completed form to: GDCA, PO BOX 1881, Tampa, FL 33601