

COURSE:

5K (approx. 3.1 miles): On paved roads starting and finishing at Burnett Medical Center.

10K (approx. 6.2 miles): Extended course with same start and finish as 5K.

Half-Marathon (approx. 13.1 miles): Extended course with same start and finish as 5K.

Virtual: You pick the race, pace, and place.

SCHEDULE OF EVENTS:

6:00am-8:00am: Same-day registration & packet pick-up 7:00am: Start of half marathon race. 8:00am: Start of 10k race. 8:30am: Start of 5k race.

RACE FEE:

\$30 for 5k/\$25 ages 65+ and 16 & under.
\$40 for 10k/\$35 ages 65+ and 16 & under.
\$60 for half marathon/\$55 ages 65+ and 16 & under.
Virtual race is \$30 regardless of race and age.
Same day registration fees increase by \$5.

Saturday, June 3, 2023 Grantsburg, WI During Big Gust Days

REGISTRATION & VIRTUAL REGISTRATION:

Register online at <u>raceentry.com</u>, click 'find races' and search 'gust', or complete the form below and mail it in. **Everyone who pre-registers by Friday, May 5 will receive a moisture wick t-shirt—so register early!** Sorry, no refunds. Virtual registration is online only, and shirts must be picked up at Burnett Medical Center by the participant.

PACKET PICK-UP & SAME-DAY REGISTRATION:

Park at Burnett Medical Center (257 W St George Ave, Grantsburg, WI 54840). Registration and Packet pick-up will be in the North parking lot on W St George Ave.

QUESTIONS:

Visit <u>burnettmedicalcenter.com/about-us/events</u> or contact Halle Pardun, Race Director, at (715) 463-7285.

THE RACE PROCEEDS WILL BENEFIT THE GRANTSBURG COMMUNITY POOL. SPONSORED BY BURNETT MEDICAL CENTER AND OTHER AREA BUSINESSES.



Registration Form

One participant per form. Copy form for additional entrants.

Name (first & last):		Email:		
Address:				
City, State, Zip:			Phone:	
Birthdate:	Gender: 🗆 M 🛛 F	Age on June 3, 2023	Event : 5K 10K Half-Marathon	
If registering by May 5 th , check shirt size AND shirt type: Youth S Youth M Youth S Women shirt (fitted)			How did you hear about this event? Friend/Family Facebook/Instagram Posters Newspaper BMC's Website Email Other:	
WAIVER: In consideration of my signing this agreement, I enter this event at my own risk and assume any risk or responsibility for injuries I may incur as a direct or indirect result of participation in this event. I also agree not to hold liable any representative or employee of Burnett Medical Center, Grantsburg Chamber of Commerce, Village of Grantsburg, Township of Grantsburg or the County of Burnett for said injuries. I also give Burnett Medical Center the irrevocable right to use my name and photograph in all forms of media and in all manners for event promotion, advertising, trade, or any other lawful purposes, and I waive the right to inspect or approve the finished product, including written copy that may be created in connection therewith. In case of inclement weather there will be no refunds.				
Signature of Participant	Da	ite	Signature of Parent/Legal Guardian (if under age 18)	

Make checks payable to <u>Burnett Medical Center.</u> Write in the check memo: "<u>Go for the Gust".</u> Mail to: BMC, Go for the Gust, 257 W. St. George Ave., Grantsburg, WI 54840