



**Saturday, June 1, 2024  
Grantsburg, WI  
During Big Gust Days**

**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.

**SCHEDULE OF EVENTS:**

6:00am-8:00am: Same-day registration

7:30am: Start of 10k race.

8:00am: Start of 5k race.

**RACE FEE:**

\$30 for 5k/\$25 ages 65+ and 16 & under.

\$40 for 10k/\$35 ages 65+ and 16 & under.

Same day registration fees increase by \$5.

**REGISTRATION:**

Register online at [raceentry.com](https://raceentry.com), click 'find races' and search 'gust', or complete the form below and mail it in.

**Everyone who pre-registers by Friday, May 3 will receive a moisture wick t-shirt—so register early! Sorry, no refunds.**

**PARKING:**

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

**QUESTIONS:**

Visit [burnettmedicalcenter.com/about-us/events](https://burnettmedicalcenter.com/about-us/events) or contact Halle Pardun, Race Director, at (715) 463-7285, [hpardun@burnettmedicalcenter.com](mailto:hpardun@burnettmedicalcenter.com).

**THE RACE PROCEEDS WILL BENEFIT INTERFAITH CAREGIVERS OF BURNETT COUNTY. 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 1, 2024 \_\_\_\_\_ Event: ☐ 5K ☐ 10K

**If registering by May 3, check shirt size AND shirt type:**

☐ Youth S ☐ Youth M ☐ Youth L ☐ XS ☐ S ☐ M ☐ L ☐ XL ☐ 2XL ☐ 3XL  
☐ Men/Unisex shirt ☐ 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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian (if under age 18)

**Make checks payable to Burnett Medical Center. Write in the check memo: "Go for the Gust".**

**Mail to: BMC, Go for the Gust, 257 W. St. George Ave., Grantsburg, WI 54840**