## 2026 PGDC RACE WEEKEND REGISTRATION FORM - FEB 20 - 22,2026

RACE FEES - Must be Po	stmarked by 1/9/2026					
□ 15K	\$75					
☐ 5K RUN (5 yrs. & older)	\$65	FIRST NAME				
☐ 5K WALK (5 yrs. & older)	\$65	LACTALANAE				
☐ 5K STROLLER ROLL (5 yrs. & olde	er) \$65	LAST NAME				
☐ 5K STROLLER ROLL (4 yrs. & you	nger) \$5 ea.		_	M 🗆 F 🗆		
Child Name		DATE OF BIRTH	AGE ON RACE DAY	SELECT GENDER	CELL PHONE	
Child Name			NACE DAT			
		EMAIL (REQUIRED	FOR REGISTRATION	ON CONFIRMATION)	)	
	\$70 \$70					
	•	ADDRESS/APT.				
☐ Dog WALK	\$30					
		CITY, STATE, ZIP				
		PROJECTED FINISH	I TIME: 15K	5K	HM8K	
		GENDER SPECIF	IC T-SHIRT SIZE			
		Select Size:   XS   SM   MED   LRG   XXL   XXXL   XXXL  USAA MILITARY DIVISION - Please select your branch				
		☐ ARMY ☐ NAVY	🗆 MARINES 🗅 All	R FORCE 🗖 COAST G	uard 🖬 nat'l guard 🗖 Space forc	
		PLEASE NOTE	: Due to the adm	ninistrative costs as	ssociated with processing offline	
ADD PROCESSING FEE	+ \$5				d to the Total Amount Due. If Fee included, the entry form	
TOTAL AMOUNT DUE	\$		vill be returned.	the \$57 rocessing	ree meladed, the entry form	
ave not been advised by a physician or other mondition to engage in an event as strenuous as	edical provider not to participate in this or a simil these races, it is strongly recommended that you	lar event or physical activit seek the advice of a compe	y, and I am adequately tr etent physician.) I agree t	ained for each and all the er to abide by any decision of a		
	event, including the right of any official to deny or		•		-	
ontract service providers, employees, spectator, on ditions of the roadway, shoulders and sidewagh or low temperatures, rain or wind); any acts olunteers, race personnel, contract service prov	s or objects that will or may be located on the race ilks or other public areas on and around the race of of violence that occur at or during the event; and iders, employees, and spectators. I understand an	te course, such as barricade course or pre or post-race of the potential of contraction and acknowledge that the G	s or other traffic or crow event venues; the effects ng a communicable dise	d control devices, timing ma of weather on participants ase associated with contact,	, or being in close proximity, with other participant	
	e exposure to communicable or infectious disease		tra Challanga Michalah	Liltra Buro Gold Challenge	Michelob Ultra Infusions Challenge, Michelob Ultra	
ero Challenge or Dog Walk, I, intending to be le ereafter accrue to me against the Gasparilla Dis Ibdivision thereof, it's or their respective official y participation in the Publix Gasparilla Distance	gally bound, do hereby, for myself, my heirs, exec tance Classic Association Inc., Publix Super Marke Is, agents, representatives, volunteers, insurers, su	cutors, and assigns, waive, r lets, the City of Tampa, Hillsl accessors, assigns and even , Half Marathon, 8K, Michel	elease and forever disch porough County, USA Tra t sponsors (the "Released bb Ultra Challenge, Mich	arge any and all rights and o ick & Field and the Road Rur d Parties") from all claims or	claims for damages that I may have or which may nners Clubs of America, or any subsidiary or politica	
	over boards, skateboards, baby joggers/strollers (e ers Clubs of America), the use of headphones is di		Stroller Roll), roller skate	es or inline skates, and anim	als. I will abide by all race rules. For the safety of all,	
cluding the issuance of any executive, county,	ne Publix Gasparilla Distance Classic Race Weeken municipal or judicial order, law or rule, the Publix : ance Classic Association's Event Cancellation Refu	Gasparilla Distance Classic			of God, or circumstances beyond GDCA's control, o a partial entry fee refund or partial entry fee	
grant the Released Parties permission to use my ompensation.	photographs, motion pictures, images, likeness,	, recordings, or any other re	cord of this event for any	y legitimate purposes, inclu	ding for commercial purposes, without	
ngree to drug testing in accordance with the US asparilla Distance Classic Association reserves t	A Track and Field and IAAF Rule 144 if I place in the he right to reject entry for any reason.	he Top 25 overall men and	women. I also hereby co	nsent to permit emergency	treatment in the event of injury or illness. The	
	e must have the written consent of their parents of their		ete in the abovementior	ned events. I, the undersign	ed parent or guardian, hereby consent to the	
Signature	Signa	ture of Parent/Gu	ardian (if under	18)		
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 Pure Gold Challenge, Michelob Ultra Infusions Challenge, or the Michelob Ultra Zero Challenge, you will be issued a separate Race Number for each distance.

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