



Benefiting the Fort
Larned Foundation for
Education in order to
improve the physical
fitness of our younger
Indian students.



923 Carroll Ave.
Larned, Kansas 67550
Phone: (620) 285-8605
Fax: (620) 285-8643
www.pawneevalleyhospital.com

Brochures designed and donated by OPI



**8TH ANNUAL
BUBBLE
FUN RUN/WALK**

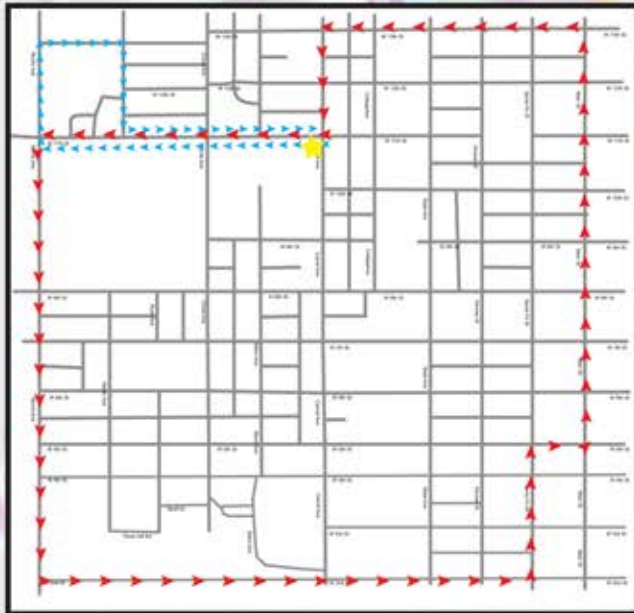


**LARNED, KANSAS
SATURDAY, AUGUST 25TH, 2018**

**1 mi 8am
5k (3.1mi) 8am**

5K COURSE (3.1MI)

The 5K will follow the red route and start/finish at PVCH, 923 Carroll Ave.



Walk will follow the blue route and begin at the same time as the 5K. 1 mi will start/finish at the same place as the 5K.

REGISTRATION

Race day registration begins at 7:30am. The race will begin at Pawnee Valley Community Hospital 923 Carroll Ave. Drop off or mail registration forms to:

Pawnee Valley Community
Hospital Rehab Services
923 Carroll Ave
Larned, KS 67550

FEES (non refundable)

5K Run/Walk: \$20.00
1 mi: \$15.00
5 & Under: Free (No Shirt)

Shirt only: \$10.00

Make checks payable to PVCH

*To guarantee a T-shirt register
before or on Aug. 17th.*

PACKET PICK-UP:

Pick up your packet and t-shirt on race day from 7:30-7:45am at the Registration table at Pawnee Valley Community Hospital.

AGE DIVISIONS:

5K Run/ Walk: 7 & under, 8-14, 15-19, 20-29,
30-39, 40-49, 50-59, 60+
1 mi: Top Female/Male

TOP PLACING AWARDS:

Awards will be presented as soon as results are calculated. Presentations will take place at PVCH. Awards will be given to top overall male & female for runners in each age division for the 5K race. Awards will be given to the top female & male in the 1 mi.

Brochures designed and donated by OPI

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Age on Race Day: _____

5K Run/Walk _____ 1 mi _____

Sex: M _____ F _____

Shirt Adult Sizes: S M L XL XXL

Shirt Youth Sizes: S M L

I understand the engaging in any form of physical activity involves a risk of personal injury. I am in good physical condition and I have disclosed any and all conditions known to me that may impact my ability to participate in this event. I assure the risk of any injury that my result from my participation in the 8th Annual Benefit Larned Indian Warrior Fun Run presented by Pawnee Valley Community Hospital. In Consideration for being permitted to participate in such an event, I hereby release, Waive, and forever discharge Pawnee Valley Community Hospital (including its agents, employees, and officers) from any claim arising from my participating in this event. Further, I release said parties from any claim arising from any medical treatment rendered to me in connection with my participation in this event. I hereby authorize the staff of Pawnee Valley Community Hospital to act on my behalf during this event in any emergency that may require medical attention.

Signature: _____

Parent/Guardian (if under 18) _____

Date: _____

In Case of Emergency, Notify: _____