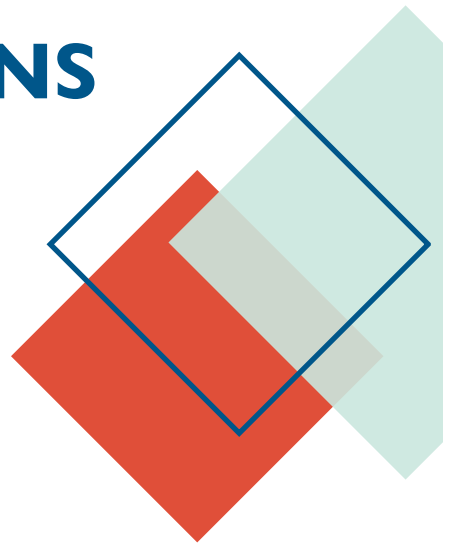


RUN TO HONOR VETERANS

(15K | 15K RELAY | 5K | 1 MILE)

Choctaw Nation Health Care Center in Talihina, OK
On-site Registration at 8:00 am | Races start at 10:00 am
Saturday, November 2, 2024



- 1 Mile Fun Walk - Registration Fee: \$15
- 5K - Registration Fee: \$25
- 15K - Registration Fee: \$45
- 15K Three-Person Relay - Registration Fee: \$60

In-Person Registration: 8:00 am | November 2, 2024

Choctaw Nation P.A.C.E. members register online at <https://forms.office.com/r/Yj4CvMSRSS> before 10/6/24

Name: _____ Race Day Age: _____ Gender: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

T-Shirt Size: Adults: SM MED LG XL XXL XXXL Youth: SM MED LG XL

You must pre-register by 10/6/23 to be guaranteed a shirt. T-shirts will be based on availability after 10/6/23 and for in-person registration.

15K Relay Team Name: _____

(Relay team must have team name and registration turned in together)

15K Relay Category: CoEd Team All Female Team All Male Team | Leg I'm doing? 1st 2nd 3rd

(1st leg approx. 3.0 miles, 2nd leg most challenging approx. 3.3 miles, 3rd leg approx. 3.0 miles)

Shuttle will be provided to relay exchange zone and back to finish line.

Awards for: 15K Relay top 3 teams in each category (Co-Ed, Female only, Male only);

15K & 5K overall male and female for ages 9 & under, 10-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, (65+ for 15K), 65-69, 70-74, 75+

Waiver of Liability: I know that the event is held on the road that is traveled on by vehicles and may be hazardous. I assume the risk and responsibility for my safety. I hereby waive all claims that I or my estate may have against any person or entities involved in organizing, conducting or supporting this event for any injury of loss I might suffer even if injury of loss was caused by the negligence of those parties. I attest that I am physically fit and prepared for this event. I grant full permission for organizers to use photographs of me or my child in the Biskinik or other Choctaw Nation promotional materials.

Signed: _____ Date: _____

Parent or Guardian if under 18 years old _____ Date: _____

Mail entry form with registration fee in cash or check to:

Choctaw Nation Warrior Wellness Veteran 5K
PO Box 1577, Durant, OK 74702

FOR MORE INFORMATION CONTACT WARRIOR WELLNESS AT WARRIORWELLNESS@CNHSA.COM



Choctaw Nation Warrior Wellness

CHOCTAWNATION.COM

