

1ST ANNUAL
YOUTH WARRIOR RUN

**SATURDAY OCTOBER 10, 2015
RIVERSIDE PARK, OSWEGO, KS
OSWEGOFEST**

NO ENTRY FEE -SPONSORED BY OSWEGO COMMUNITY HOSPITAL AND CLINIC

AGE CLASSES	TRAILS	TIMES
5-7 YEAR OLD	LITTLE WOLF TRAIL	10:00 AM
8-10 YEAR OLD	SOARING EAGLE TRAIL	10:30 AM
11-13 YEAR OLD	GROWLING BEAR TRAIL	11:00 AM

WARRIOR RUN REGISTRATION FORM

NAME: _____ TRAIL: _____

PARENT: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

WAIVER: I am entering this event at my own risk and assume any and all responsibility for injuries I may incur as a direct or indirect result of participating in this event. I hereby release and hold all sponsors of this event, their volunteers, employees and affiliates from all liabilities, claims and expenses related to my participation in this event. I also understand and agree that the Warrior Run and any sponsors may subsequently use, for publicity or promotional purposes, my name or picture of me participating in this event without liability or obligation due me.

Signature of participant: _____

Signature of Parent/Guardian if Participant is under age of 18: _____

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