

2019 SPIRIT OF SURVIVAL

OCTOBER 5 & 6, 2019

KIDS' MARATHON BUBBLE RUN



SUNDAY, OCTOBER 6 - KIDS' MARATHON 2 PM

Join us Sunday October 6th at 2:00 for the first ever KIDS' MARATHON BUBBLE RUN!

This year's Kids' Marathon Bubble Run will feature bubble machines, a bubble cannon and a giant play area filled with bubbles at the finish line. Put on your goggles and join us for a foam-filled Kids' Marathon Bubble Run that promises to be epic!

This event is for all kids through 12 years of age and is a perfect opportunity for parents and children to spend quality time together, set goals, and celebrate the thrill and excitement of the Finish Line!

Kids log their first 25 miles of walking and/or running on their Kids' Marathon log sheet on the back of this form. Lastly, they run their last 1.2 miles on race day, completing their 26.2 marathon supporting the patients of the Cancer Centers of Southwest Oklahoma!

After the race, each child will receive a **FREE SNOW CONE!**

The Bubble Run will not be messy enough that anyone should wear a swimsuit.

The Spirit of Survival will also include several bike events on Saturday October 5th. There is a 13 mile Family Fun Ride for ages 5 and up. Come enjoy a scenic ride that promises to be fun for the whole family!

REGISTRATION FEES

KIDS' MARATHON

Sunday - Oct. 6th

Youth Entry	\$10
Adult Entry	\$15

TWO DAY PACKAGES

FAMILY FUN RIDE & KIDS' MARATHON

Saturday - Oct. 5th

Sunday - Oct. 6th

Youth Entry	\$15
Adult Entry	\$25

REGISTRATION FEES WILL INCREASE EVENT WEEKEND

WIN MONEY FOR YOUR SCHOOL!

SPONSORED BY



The KSWO TV School Challenge offers cash grants to the elementary schools with the highest percentage of student participation. Prizes will be awarded to the top school in each division.

CASH GRANT PRIZES! Top School **\$1000**

CATEGORIES

Small: Enrollment under 200
Medium: Enrollment of 200-399
Large: Enrollment of 400+

One Parent/Adult is FREE to participate with their kids! But if you'd like a Kids' Marathon shirt, race packet, and Finisher's Medal when crossing the Finish Line, you will need to register as an **Adult** in the Kids' Marathon.

LOG SHEET

Present your completed Log Sheet on the back of this flyer during packet pick-up on Race Weekend and get a prize!

Altus • Lawton • Duncan • Chickasha

CANCER CENTERS
of Southwest Oklahoma

Register online at www.spiritofsurvival.com or return this completed Entry Form to:
Spirit of Survival • 104 NW 31st Street • Lawton, OK 73505

LOG SHEET

Record all 25 miles on this Log Sheet. Fill in each box with the date you run/walk, & get a parent or teacher to sign off for each mile! Then bring this completed log sheet with you to packet pickup for a special prize!

Name _____

STEP 1

REGISTER!

Register online or return the entry form below.

STEP 2

GO RUN!

Record all 25 miles on your Log Sheet before Race Day.

STEP 3

PACKET PICK-UP!

Present your completed Log Sheet and pick up your race packet

STEP 4

RACE DAY!

Line up to run the final 1.2 miles at the Kids' Marathon Bubble run!

Mile 1	2	3	4	5	6	7	8	9	10	11	12	13
1/4												
1/4												
1/4												
1/4												
ADULT INITIALS	ADULT INITIALS	ADULT INITIALS	ADULT INITIALS	ADULT INITIALS	ADULT INITIALS	ADULT INITIALS	ADULT INITIALS	ADULT INITIALS	ADULT INITIALS	ADULT INITIALS	ADULT INITIALS	ADULT INITIALS

Mile 14	15	16	17	18	19	20	21	22	23	24	25	26.2
1/4												
1/4												
1/4												
1/4												
ADULT INITIALS	ADULT INITIALS	ADULT INITIALS	ADULT INITIALS	ADULT INITIALS	ADULT INITIALS	ADULT INITIALS	ADULT INITIALS	ADULT INITIALS	ADULT INITIALS	ADULT INITIALS	ADULT INITIALS	ADULT INITIALS

ON RACE DAY!

Entry Form

Please PRINT. Only ONE registrant per entry form.

- Kids' Marathon Entry \$10
- Adult Kids Marathon Entry \$15
- Child - Family Fun Ride & Kids' Marathon Entry \$15
- Adult - Family Fun Ride & Kids' Marathon Entry \$25

Last Name _____ First Name _____

Address _____ City _____ State _____ Zip Code _____

Email Address _____ Phone _____

Gender _____ Birthdate _____ Age on Race Day _____

T-Shirt Size: YOUTH SIZE YXS / YS / YM / YL ADULT SIZE S / M / L / XL / 2XL / 3XL

Cancellation Policy: All Entry Fees are Non-Refundable

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WAIVER OF LIABILITY I, the undersigned participant, know there are risks of accidents, injuries, and adverse health consequences in my participation in the Spirit of Survival running events. I am physically fit and sufficiently trained to participate. I am not acting against medical advice or with knowledge of health conditions that would place me at special risk by participating. Knowing these facts and in consideration of your accepting my entry, I hereby for myself, my heirs, executors, administrators, or anyone else who might claim on my behalf, covenant not to sue, and waive and release and discharge any and all race sponsors, race officials, volunteers, local and state police including any and all of their agents, employees and assigns, or anyone acting on their behalf from any and all claims or liability for death, personal injury, or property damage of any kind or nature whatsoever arising out of, or in the course of my participating in this event whether same be caused by negligence or fault. I am fully aware of the risks inherent in participation in said race, and hereby elect to enter said event voluntarily and assume all risks of loss and injury that I may sustain. I have read and understand this release and waiver of liability. I agree to comply with all race rules and instructions of race officials.

PHOTO CONSENT I, the undersigned participant, hereby authorize photography taken of myself and hereby release The Cancer Centers of Southwest Oklahoma and Spirit of Survival event from any and all responsibility attached thereto. I understand that photography, interviews, and videotaping is intended to be used for the purpose of event promotions and marketing, but may be used at the discretion of the organizing parties.

PAYMENT OPTIONS

Cancellation Policy: All entry fees are non-refundable!

Cash Check: Payable to Cancer Centers of Southwest Oklahoma Credit: Visa AMEX Discover Mastercard

Payroll Deduction (CCMH Employees Only) _____

Card # _____ Exp. Date _____ Security Code _____

Card Holder _____ Signature of Card Holder _____

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Signature of Parent or Guardian _____ Date _____

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