

2015 PNAOW Wellness Challenge

5K FUN RUN/WALK

**Frenchman's Bar
Regional Park**

**9612 N.W. Lower River Road
Vancouver, WA 98660**

— RIVERVIEW SHELTER —



Top 3 winners
By age group:
18-39, 40-69, 70+

Proceeds will benefit
PNAOW and
FILAM Vancouver
Outreach Programs

Date: Saturday, June 13, 2015

Time: 08:00am to 11:30am

Pre-register by: May 30, 2015

Following the fun run/walk, FILAM Vancouver is hosting the Annual PHILIPPINE INDEPENDENCE DAY PICNIC Celebration with Potluck style picnic, fun, games and prizes from 11:30 am to 4:00 pm.

CONTACT: Lourdes Mashinski (360) 931.3812 or Evelyn Katigbak (503) 481.7368

Entry fees:

**\$10.00 for pre-registration
\$15.00 for race-day registration**

**Wear RED, BLUE, YELLOW or
your favorite Philippine design
t-shirts for the festivities.**



SPONSORED BY: PNAOW and FILAM VANCOUVER

For more information visit pnaow.org or filamvancouver.org

5K Fun Run/Walk Registration* Form and Waiver

DONATIONS ARE WELCOME!

Mail form and entry fee to:
(Check payable to PNAOW)

Philippine Nurses Association of
Oregon & Washington
PO Box 87191
Vancouver, WA 98687

For questions:
By e-mail - pnaa.ow@gmail.com
By phone, contact
Catherine Hopf 503.987.0131
Maria Susi 503.380.4491

Name _____
Address _____
Phone _____
Gender _____ Age on race day _____
Runner ____ Walker ____

***Pre-registration is due on May 30th**

In consideration for participation in the PNAOW 5K Fun Run/Walk, I hereby, for myself and my personal representatives, waive and release any and all claims and rights for damages I may have against the organizers, sponsors and contributors of the PNAOW Wellness Challenge, Clark County Parks and Trails and their representatives and assigns, for all and any illness or injuries suffered by me as a result of my participation in said event. I attest and verify that I am physically fit, and have sufficiently conditioned for completion of this event, and that a licensed medical doctor has certified my physical condition. Further, I hereby grant full permission to any and all forgoing to use my name, photographs, videotapes, motion pictures, recordings or any other record of the event for any purpose whatsoever without charge. By submitting this form, I also acknowledge that no pets, strollers, or roller blades are allowed on the race course and I agree to observe these restrictions.

(Received by: _____ Date) _____

Payment Method: Cash Check Amount \$ _____



Signature _____ Date _____

Signature of parent or guardian if under 18 _____ Date _____