ATTENTION: Runners, Walkers, Volunteers, Supporters, and Mental Health & Community Resources

KINGMAN CO. STRONG COLOR RUN

Suicide Prevention starts with MENTAL HEALTH AWARENESS

KINGMAN HEALTHCARE CENTER

5th Annual KINGMAN CO. STRONG COLOR RUN

for Mental Health Awareness & Suicide Prevention

SEPT. 26, 2026

5k and 1k routes

Riverside Park
Kingman, KS

7:00am-10:00am
Activities start at 8:00am

FREE:

- Community Resources
- Kids Zone Activities
- Honor Beads
- Survivors Gathering
- T-shirt**

***Register by Sept. 10*

For more information and to register, scan the QR code or visit the News & Events section of our website,

kingmanhc.com

sponsored by:

KINGMAN HEALTHCARE CENTER
Exceptional Care. Every Time.

KINGMAN COUNTY STRONG COLOR RUN REGISTRATION FORM

To register, you can either sign up online at kingmanhc.com or submit your forms in person or by mail to Kingman Healthcare Center, located at 750 West D Ave., Kingman, KS 67068.

To ensure you receive a t-shirt, please register by September 10, 2026.

PARTICIPANT REGISTRATION

Important Notice for Parents and Guardians:

- You are welcome to register yourself along with your children who are under the age of 18.
- All individuals who are 18 years old or older must complete their own registration form.

I am a: ____Runner ____ Walker ____ Volunteer ____ Attendee not walking or running

____Resource Table* (**please be sure to fill in the bottom section too*)

Name:_____ Phone:_____Email:_____

Address:_____ T-Shirt Size (select from sizes below):_____

Emergency contact name & phone #_____

T-SHIRT SIZES: ADULT: S M L XL 2XL 3XL 4XL 5XL **YOUTH:** S M L

Child's Name:_____ T-shirt Size:_____

Child's Name:_____ T-shirt Size:_____

Child's Name:_____ T-shirt Size:_____

Child's Name:_____ T-shirt Size:_____

Child's Name:_____ T-shirt Size:_____

Child's Name:_____ T-shirt Size:_____

LIABILITY WAIVER:

I (or a parent/guardian of a minor) know that walking/running in a road race is a potentially hazardous activity, which could cause bodily injury or death. I will not enter and participate unless I am medically able to do so. I assume all risks associated with running/walking in this event, including, but not limited to falls, contact with other participants, effects of weather, traffic, and road conditions. I acknowledge all such risks are known and understood by me. In the event of an illness, injury or medical emergency arising during the event I hereby authorize and give my consent to the event staff to secure from any accredited hospital, clinic and/or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to me including but not limited to medical transport, medications, treatment and hospitalization. I waive and release the Kingman County Strong event organizers and volunteers, Kingman Healthcare Center Foundation, Kingman Healthcare Center, and the city of Kingman from all claims and liabilities of any kind arising out of my participation in this event. Further, I grant permission to all the foregoing to use my name, voice, and images of myself in any photographs, videos, print publications, or any other recording of this event for legitimate purposes.

I (or a parent/guardian) acknowledge having read and agreed to the above release and waiver.

Signature of participant or parent/guardian: _____ **Date:**_____

*__**Resource Table Info**__: Name of business/organization:_____

Address:_____

Contact person - if different than above:_____

DONATIONS:

This event is free to attend; however, if you'd like to support mental health initiatives in Kingman County, your donations are always welcome. Contributions can be made by online, mail, or in person at the event. For more information, please visit our website at kingmanhc.com and click on the News & Events tab.