



**OASIS**  
Behavioral Health Services

All proceeds will go to our local Suicide Prevention Lifeline. The Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals.



**You Are Loved 5K**

**5K Run/Walk**

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**Saturday  
October 12, 2019  
9am**  
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**Community Park  
Barboursville,  
WV**

- 8am On-Site Registration
- \$20 if pre-registered by Oct. 11th  
\$25 Day of Race
- \$18 for pre-registered groups of 8 or more. Must be postmarked by Oct. 4th

- Race Shirts guaranteed to first 150 registered
- Door prizes
- Refreshments
- Run or walk with friends
- Support a great cause

Course: Runners start at the lake and head toward the ball fields > then left toward the soccer fields > at the first rest rooms the runners head left to and over the bridge > then return the way they came and finish at the lake.

Trophies to first two overall male and female finishers.  
Awards to first three finishers in each male and female age group.  
*No duplication of awards*  
Age Groups: 9 and under 10-14  
15-19 20-24 25-29 30-34  
35-39 40-44 45-49 50-54  
55-59 60-64 65-69 70-74 75+



**RACE PLANNERS**  
Race Director: Alan Osuch  
[OsuchRacePlanner@aol.com](mailto:OsuchRacePlanner@aol.com)  
or 606-369-4403

Please mail registration and check payable to:  
*O Such Race Planners*  
Memo: *You Are Loved to:*  
  
You Are Loved 5K  
c/o Alan Osuch  
5024 Williams Avenue  
Ashland, KY 41101

\*\*\*\*\*Cut here\*\*\*\*\*

**You Are Loved 5K**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Gender: M F Age on race day: \_\_\_\_\_  
 Shirt Size \_\_\_\_ (2X, 3X, and 4X add \$2.00) Extra Donation \_\_\_\_\_ Amount paid \_\_\_\_\_

WAIVER: I know that running a road race is a potentially hazardous activity and I should not enter a run unless I am medically able and properly trained. I agree to abide by any decisions of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this event, including but not limited to. falls, contact with other participants. the effects of weather (including high heat or humidity), traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver, I release the City of Barboursville, Oasis Behavioral Health Services, O Such Tri-State Race Planners, TriStateRacer.com timing, race officials, volunteers and all sponsors from all claims to liabilities arising out of my participation in this event.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent/Guardian (For minor): \_\_\_\_\_