


	<p><u>Our Lady of Bellefonte Hospital</u> <u>Presents</u> <u>35th Annual</u> <u>Old Fashion Days 5K</u></p>	<p><u>5K Run/Walk</u> Thursday October 3, 2019 6 pm Greenup Christian Church Walnut Street Greenup, KY</p>
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<ul style="list-style-type: none"> • \$20.00 if pre-registered before October 3rd • \$25 Day of Race • Pre-registered groups of 8 more can register at \$18 each 	<ul style="list-style-type: none"> • Chip timed • 5pm On-Site Registration • Race Shirts guaranteed to first 150 registered • Door prizes • Refreshments 	<p>Course: Starts at the Courthouse. Flat and fast. Runs thru the Fairgrounds and streets of downtown business district.</p>
<p>Trophies to first two overall male and female finishers. Awards to first three finishers in each male and female age group. <i>No duplication of awards</i> 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+</p>	 <p>Race Director: Alan Osuch <u>OsuchRacePlanner@aol.com</u> or 606-369-4403</p>	<p>Please mail registration and check payable to: <u>O Such Race Planners</u> Memo: <i>Old Fashion Days</i> to:</p> <p>Old Fashion Days 5K c/o Alan Osuch 5024 Williams Avenue Ashland, KY 41101</p>

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Old Fashion Days 5K

Name: _____ **Address:** _____

Email: _____

Phone: _____ **Gender:** M F **Age on race day:** _____

Shirt Size _____ **(2X, 3X and 4X add \$2.00)** **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 Greenup, Our Lady of Bellefonte Hospital, Bellefonte Firm Fitness, 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): _____