



Helping Hands of Greenup County
Helping Hands is a non-profit 501(c)3 faith based, human service agency providing emergency assistance by direct distribution of food, medications, clothing, utility assistance, referral service and education to low-income elderly, children and families at risk in Greenup County.



5K Run/Walk
November 25, 2021
Thursday 9am
Russell Senior Center
520 Bellefonte Street
Russell, KY

All proceeds and food donations go to Helping Hands to aid in their mission to assist those in need!

<ul style="list-style-type: none"> • 8am On-Site Registration • \$25.00 if pre-registered before November 25th • \$30 Day of Race • Long Sleeve race shirts guaranteed to all registrants 	<ul style="list-style-type: none"> • <i>Any and all food donations are gratefully appreciated!</i> • Door prizes, refreshments, and goodie bags <ul style="list-style-type: none"> • Run with friends! • Family fun! • <i>Support a great cause!</i> 	<p>Course: Starts and ends at the Senior Center. Heads out past the Super Quik then toward the river. Along the river and back past the firehouse. Then there is an out and back toward Worthington.</p>
<p>Trophies to first three 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 70-74 75+</p>	 <p>RACE PLANNERS Race Director: Alan Osuch OsuchRacePlanner@aol.com or 606-369-4403</p>	<p>Please mail registration and <u>check payable to:</u> <u>O Such Race Planners</u> Memo: <i>Russell Turkey Trot</i> to: Russell Turkey Trot 5K c/o Alan Osuch 5024 Williams Avenue Ashland, KY 41101</p>

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Russell Turkey Trot 5K

Name: _____ Address: _____

Email: _____

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

Shirt Size _____ (2X, 3X and 4X add \$3.00) 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 Russell, Russell Senior Center, O Such Tri-State Race Planners, 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): _____