

Please mail registration to: Leaping Leprechaun 5K c/o Alan Osuch **5024 Williams Avenue** Ashland, KY 41101

Race Director: Alan Osuch

OsuchRacePlanner@aol.com

or 606-369-4403

Leaping Leprechaun 5K

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

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 Ashland, Holy Family Church and School, 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:

Award for the first stroller.

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 75-79 80+

re: _____ Date: _____ Parent/Guardian (For minor): _____