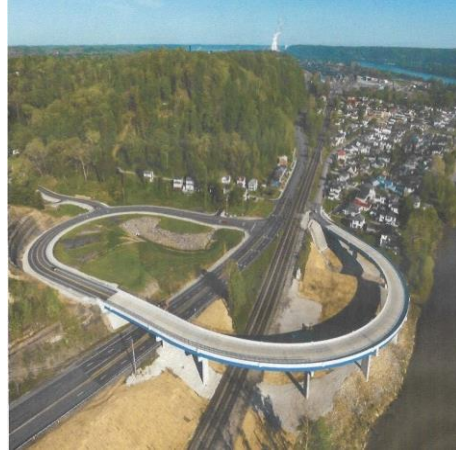




It makes its 10th annual appearance on February 3rd, 2024 at the Boyd Convention & Arts Center. Talented local celebrities and their dance partners compete for the coveted Mirror Ball Trophy as guests are treated to a magical night of fantastic entertainment, dinner, drinks and dancing. This beloved event just keeps getting better...all for the Museum!

FLYOVER BRIDGE 5K




5K Run/Walk

**October 8, 2023
Sunday 2pm**

**Russell Senior
Center
520 Bellefonte Street
Russell, KY**

The premier party in the Tri-State, with all race proceeds benefiting the Highlands Museum & Discovery Center!

<ul style="list-style-type: none"> • 1pm On-Site Registration • \$25 if pre-registered before October 8th • \$30 Day of Race • Race shirt to all registrants 	<ul style="list-style-type: none"> • Door prizes • Refreshments • <i>Support a great cause!</i> <i>Race Host Dancers:</i> <i>Dr. Jodelle Yount</i> <i>Jocelyn Arroyo-Yount</i> 	<p>Course: Register at the Senior Center. Bus ride to Start Line at Russell High School. Run from the school to and up and over the Flyover Bridge. Finish Line at the Senior Center</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 75-79 80+</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>Flyover Bridge to:</i> Flyover Bridge 5K c/o Alan Osuch 5024 Williams Avenue Ashland, KY 41101</p>

*****Cut here*****

Flyover Bridge 5K

Name: _____ Gender: M F Age on race day: ____

Address: _____ Email: _____

Phone: _____

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 Russell, Russell Senior Center, Dancing with Our Stars, Highlands Museum, 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): _____