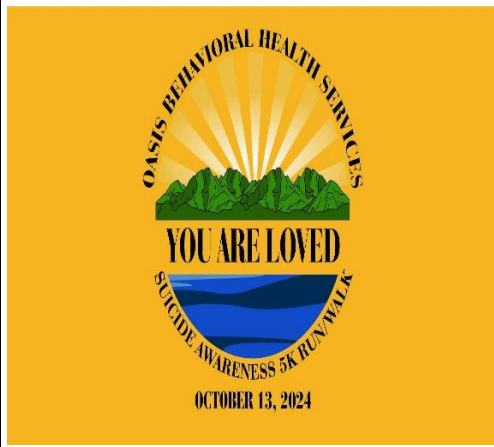


OASIS

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.



5K Run/Walk

Sunday
October 13, 2024
2pm

Community Park
Barboursville, WV

1pm On-Site Registration
\$25 Thru September 28th
\$30 Sept. 29th Thru Oct. 12th
\$35 Day of Race

Race Shirts guaranteed to all registered
Door prizes
Refreshments after the race!

Course: Start at the lake > out to the soccer field road > over the bridge > .5 mile to the right > turn around > return to the lake to finish.
Race Course records:
Male Carsen Blower 17:54 2019
Female Abigale Sloan 23:49 2019

Trophies to first three 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 75-79 80+



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

Address: _____ **Email:** _____

Phone: _____

Shirt Size ____ **(2X, 3X and 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 Village 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): _____