



5K Run/Walk
September 7, 2024
Saturday 8am

Ashland Fire Department
1021 Carter Avenue
Ashland, KY

Proceeds go toward medical or therapeutic treatments for the mental wellness of firefighters from the Ashland Fire Department suffering from PTSD.

<p>7am On-Site Registration \$25 Thru August 26th \$30 Aug. 26th Thru Sept. 5th \$35 Day of Race Race shirts to all registered</p>	<p><i>Coffee, hot chocolate and donuts after the race!</i> <i>Door prizes</i> <i>These are the people that protect your community.</i></p>	<p>Course: Starts at the Fire Dept. Down Carter Avenue to the Town Center Mall. Around the outer rim of the mall parking area three times then return</p>
<p>Trophies to first three overall male and female finishers. Awards to first three finishers in each male and female age group. Award for the first stroller. <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 Director: Alan Osuch <u>OsuchRacePlanner@aol.com</u> or 606-369-4403</p>	<p>Please make <u>check payable to:</u> <i>O Such Race Planners</i> Memo: <i>Extinguish The Stigma</i></p> <p>Please mail registration to: Extinguish The Stigma 5K c/o Alan Osuch 5024 Williams Avenue Ashland, KY 41101</p>

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Extinguish The Stigma 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: _____ **Date:** _____

Parent/Guardian (For minor): _____