

 <p>Continuing the tradition of family friendly entertainment in the community!</p> <p><i>Proceeds go to help the Old Fashion Days Committee bring more events into the community!</i></p>		<p><u>5K Run/Walk</u></p> <p>Thursday October 3, 2024 6 pm</p> <p>Greenup Library 508 Main Street Greenup, KY</p>
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<p>5pm On-Site Registration</p> <p>\$25 before September 23rd</p> <p>\$30 Sept. 23rd Thru Oct. 2nd</p> <p>\$35 Day of Race</p>	<ul style="list-style-type: none"> • Chip timed • Race Shirts guaranteed to all registered • Door prizes <p><i>Pizza after the race provided by Little Caesar's</i></p>	<p>Course: Starts at the courthouse and ends at the Library. Flat and fast. An out and back that runs thru the Fairgrounds.</p>
<p>Trophies to first three overall male and female finishers.</p> <p>Awards to first three finishers in each male and female age group.</p> <p><i>No duplication of awards</i></p> <p>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 mail registration and <u>check payable to:</u> <u>O Such Race Planners</u></p> <p>Memo: Old Fashion Days to:</p> <p>Old Fashion Days 5K c/o Alan Osuch 5024 Williams Avenue Ashland, KY 41101</p>

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Old Fashion Days 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 Greenup, 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): _____