

**HOLY  FAMILY  
CATHOLIC SCHOOL**

**Cross Country Team**  
The team is dedicated to fostering a spirit of teamwork, discipline and perseverance in each of its athletes. We are developing our God given talents and always giving our best for the glory of God and the betterment of our community!



**5K Run/Walk**  
**November 23, 2024**  
**Saturday 9am**  
**Holy Family School**  
**932 Winchester Avenue**  
**Ashland, KY**

***Proceeds go toward helping local patients with diagnostic tests and mobile mammograms in conjunction with KDMC!***

<p><b>8am On-Site Registration</b> <b>\$25 Thru November 11th</b> <b>\$30 Nov. 11th Thru Nov. 21st</b> <b>\$35 Day of Race</b></p>	<p><b>Refreshments</b> <b>Door prizes!</b> <b>Race shirts guaranteed to all registered</b></p>	<p><b>Course: Starts at the Holy Family School. Down Carter Avenue to the Town Center Mall. Around the outer rim of the mall parking area three times then return to the School</b></p>
<p><b>Trophies to first three overall male and female finishers.</b> <b>Awards to first three finishers in each male and female age group.</b> <b>Award for the first stroller.</b> <i>No duplication of awards</i> <b>Age Groups: 9 and under</b> <b>10-14 15-19 20-24 25-29 30-34</b> <b>35-39 40-44 45-49 50-54 55-59</b> <b>60-64 65-69 70-74 75-79 80+</b></p>	<p> <b>Race Director: Alan Osuch</b> <b><u>OsuchRacePlanner@aol.com</u></b> <b>or 606-369-4403</b></p>	<p><b>Please make <u>check payable to:</u></b> <b><i>O Such Race Planners</i></b> <b>Memo: <i>Together We Fight</i></b> <b>Please mail registration to:</b> <b>Together We Fight 5K</b> <b>c/o Alan Osuch</b> <b>5024 Williams Avenue</b> <b>Ashland, KY 41101</b></p>

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**Together We Fight 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):** \_\_\_\_\_