

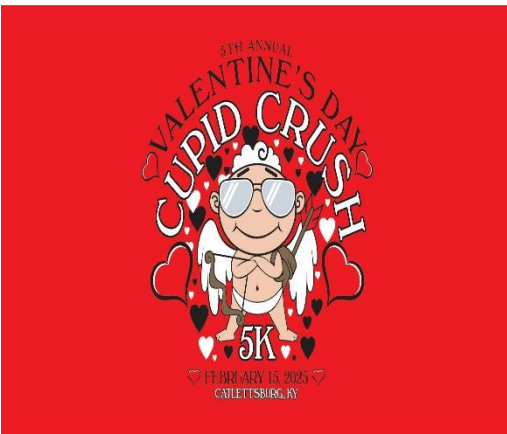


Two Hearts Pregnancy Care Centers

"Where Every Heart Matters"

twoheartspcc.org

" A place for women experiencing an unplanned pregnancy to find compassionate help and confidential support."



5K Run/Walk

Saturday

February 15, 2025

9am

Boyd County Senior Center
(New Catlettsburg City Building)
3015 Louisa Street
Catlettsburg, K

All Proceeds go to Two Hearts Pregnancy Care Centers

<p>8am On-Site Registration</p> <p>\$25 before February 3rd \$30 Feb. 3rd thru Feb. 13th \$35 Day of Race</p>	<p>• Support a great cause!</p> <p><i>Race shirts guaranteed to all registrants</i></p>	<p>Course: Flat and fast. Starts and ends at the Senior Center. Course will be an out and back section followed by a loop out thru the historic city district.</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 Director: Alan Osuch OsuchRacePlanner@aol.com or 606-369-4403</p>	<p>Please mail registration and <u>check payable to:</u> O Such Race Planners Memo: Cupid Crush 5K to: Cupid Crush 5K c/o Alan Osuch 5024 Williams Avenue Ashland, KY 41101</p>

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Cupid Crush 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 Catlettsburg, Two Hearts Pregnancy Centers, 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): _____