

**national  
neutropenia  
network**



8 Year old Hannah has a very rare disease, Neutropenia. It occurs when you have too few neutrophils, a type of white blood cells. While all white blood cells help your body fight infections, neutrophils are important for fighting certain infections, especially those caused by bacteria. Not having enough neutrophils makes it harder for your body to fight germs and prevent infections. In severe cases, even bacteria that a healthy body typically tolerates (like the bacteria in your mouth and intestines) can make you sick.



**5K Run/Walk**  
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**Sunday**  
**February 23, 2025**  
**2pm**  
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**Community Park**  
**Barboursville**  
**WV**

**All proceeds go to the National Neutropenia Network!**

<p><b>1pm On-Site Registration</b> <b>\$25 thru February 10th</b> <b>\$30 Feb. 10th thru Feb. 21st</b> <b>\$35 on Race Day</b></p>	<ul style="list-style-type: none"> <li>•Shirts guaranteed to all registered</li> <li>•Door prizes</li> <li>•Refreshments</li> </ul> <p><b>FEBRUARY 28<sup>TH</sup> IS RARE DISEASE DAY!</b></p>	<p>Course: Start at the lake &gt; out the soccer field road &gt; over the bridge &gt; .5 mile to the right &gt; turn around &gt; return to the lake to finish. <b>Race Course Record</b> Jensen Crisenberry 18:47 2024 Sophia Newell 21:58 2024</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><b>RACE PLANNERS</b> Race Director: Alan Osuch <a href="mailto:OsuchRacePlanner@aol.com">OsuchRacePlanner@aol.com</a> or 606-369-4403</p>	<p>Please mail registration and <u>check payable to:</u> <i>O Such Race Planners</i> Memo: <i>Neutropenia 5K</i> to:  Neutropenia 5K c/o Alan Osuch 5024 Williams Avenue Ashland, KY 41101</p>

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**Neutropenia 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, National Neutropenia Network, 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): \_\_\_\_\_