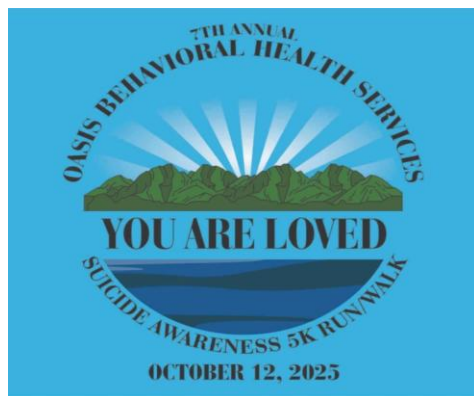


OASIS

Behavioral Health Services

All proceeds will go to our local Suicide Prevention Lifeline. The Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals.



5K Run/Walk

Sunday

October 12, 2025

2pm

**Community Park
Barboursville, WV**

1pm On-Site Registration

\$25 before Sept. 29th

\$30 Sept. 29th Thru Oct. 10th

\$35 Day of Race

**Race Shirts guaranteed
to all registered**

Door prizes

Refreshments after the race!

Course: Start at the lake > out to the soccer field road > over the bridge > .5 mile to the right > turn around > return to the lake to finish.

Race Course records:

Male Carsen Blower 17:54 2019

Female Abigale Sloan 23:49 2019

**Trophies to first three overall
male and female finishers.**

**Awards to first three finishers
in each male and
female age group.**

No duplication of awards

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+



RACE PLANNERS

Race Director: Alan Osuch

OsuchRacePlanner@aol.com

or 606-369-4403

**Please mail registration
and check payable to:**

O Such Race Planners

Memo: *You Are Loved to:*

You Are Loved 5K

c/o Alan Osuch

5024 Williams Avenue

Ashland, KY 41101

*****Cut here*****

You Are Loved 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, Oasis Behavioral Health Services,

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): _____