



The KA-POW! Childhood Cancer 5K is a family-friendly, superhero-themed race hosted by Legacy Ashland Church to bring hope and practical support to local families facing the fight of their lives. With every step, we rally our community to put our “capas on” in unity—raising funds to help cover the financial burdens of childhood cancer.



## 5K Run/Walk

**Sunday**  
**September 28, 2025**  
**4pm**  
**Boyd County**  
**Senior Center**  
**3015 Louisa Street**  
**Catlettsburg, KY**

**Proceeds raised go directly to families in our area because every hero deserves a team.**

<b>3pm On-Site Registration</b> <b>\$25 before September 15th</b> <b>\$30 Sept. 15th thru Sept 26th</b> <b>\$35 Day of Race</b>	<b>Support a great cause!</b>  <i>Race shirts guaranteed to all registrants</i>	<b>Course: Flat and fast.</b> <b>Starts and ends at the</b> <b>Senior Center. Course will</b> <b>be an out and back section</b> <b>followed by a loop out thru</b> <b>the historic city district.</b>
<b>Trophies to first three overall</b> <b>male and female finishers.</b> <b>Awards to first three finishers</b> <b>in each male and female age group.</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>	 <b>RACE PLANNERS</b> <b>Race Director: Alan Osuch</b> <b><u>OsuchRacePlanner@aol.com</u></b> <b>or 606-369-4403</b>	<b>Please mail registration</b> <b>and <u>check payable to:</u></b> <b>O Such Race Planners</b> <b>Memo: KA-POW 5K 5K to:</b> <b>KA-POW 5K</b> <b>c/o Alan Osuch</b> <b>5024 Williams Avenue</b> <b>Ashland, KY 41101</b>

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## **KA-POW Childhood Cancer 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, Legacy Church of Ashland, 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):** \_\_\_\_\_