



Mission: Finding strength in the fellowship of other Gold Star Mothers who strive to keep the memory of our sons and daughters alive by working to help veterans, those currently serving in the military, their families and our communities.



**Run/Walk 5K
And 1 Mile Memory
Walk**

**October 3, 2026
9am**

**Barboursville Park
Barboursville, WV**

• **8:00am On-Site Registration**
\$25 before Sept. 21st
\$30 Sept. 21st thru Oct. 1st
\$35 Day of Race

• **Race shirts guaranteed to all registered**

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• **Door Prizes**

• **Refreshments**

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.

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 Director: Alan Osuch
OsuchRacePlanner@aol.com

Please mail registration and check payable to:
O Such Race Planners
Memo: Run To Salute to:
Run To Salute 5K
c/o Alan Osuch
5024 Williams Avenue
Ashland, KY 41101

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

Run To Salute 5K

Name: _____ **Gender:** M F **Age on race day:** ____

Address: _____ **Email:** _____

Phone: _____

Shirt Size _____ **(2X, 3X and 4X add \$2.00)** **Amount paid \$** _____

Choose one: 5K _____ **1 Mile** _____

Extra donation \$ _____ **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 Gold Star Mothers of WV, Village of Barboursville, 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): _____