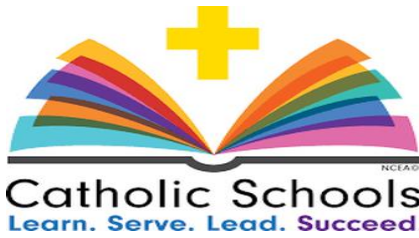


HOLY  FAMILY
CATHOLIC SCHOOL



5K Run/Walk

March 16, 2024
Saturday 8am

Holy Family School
932 Winchester Avenue
Ashland, KY

Proceeds go to scholarships and technology!

<p>6:30am On-Site Registration \$25 Thru March 3rd \$30 March 4th Thru March 14th \$35 Day of Race</p>	<p><i>Coffee, hot chocolate and donuts after the race!</i> Wear your green! Special prize for best costume! Race shirts guaranteed to all registered</p>	<p>Course: Starts at the Holy Family School. Down Carter Avenue to the Town Center Mall. Around the outer rim of the mall parking area three times then return to the School. Race Course records: Male: Dustin Moritz 16:09 2016 Female: Rebekah Howard 20:37 2018</p>
<p>Trophies to first three overall male and female finishers. Awards to first three finishers in each male and female age group. Award for the first stroller. <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 <u>OsuchRacePlanner@aol.com</u> or 606-369-4403</p>	<p>Please make <u>check payable to:</u> <i>O Such Race Planners</i> Memo: Leaping Leprechaun</p> <p>Please mail registration to: Leaping Leprechaun 5K c/o Alan Osuch 5024 Williams Avenue Ashland, KY 41101</p>

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Leaping Leprechaun 5K

Name: _____ **Address:** _____
Email: _____
Phone: _____ **Gender:** M F **Age on race day:** _____
Shirt Size _____ **(2X, 3X, 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 City of Ashland, Holy Family Church and School, 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): _____