



Summer Motion free concerts, children's activities, food vendors, arts & crafts, inflatables and Fireworks all on river front in Ashland. The event will take place at Ashland Riverfront.



Be part of this classic!

**June 29, 2024
Run/Walk
8am – Both races
Park Place Building
Central Avenue
& 17th Street
Ashland, KY**



**Race Director Alan Osuch
OsuchRacePlanner@aol.com
606-369-4403**

5K
\$25 before June 17th
\$30 June 17th thru June 27th
\$35 Race Day

10K
\$30 before June 17th
\$35 June 17th thru June 27th
\$40 Race Day

- CHIP TIMED
- 7am On-Site Registration
- Race shirts guaranteed to all registered
- Enjoy a great classic run!

Enjoy the Summer Motion Festivities July 1st to 4th At the Ashland Riverfront!

- 5K Course is the Ashland Central/Carter Ave. course.
- 10K course is the Ashland Central/Carter Avenues course but branches off to Winchester Avenue. Run 14th Street to 24th Street and back then over to Ohio and back on the Ashland Blue Bridge. Then returns to Central Avenue

5K 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+

Please mail registration and check to:
Summer Motion 10K/5K
c/o Alan Osuch
5024 Williams Avenue
Ashland, KY 41101
Please make check payable to:
O Such Race Planners
Memo: *Summer Motion*

10K 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+

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Summer Motion 10K/5K

Name: _____ Address: _____
 Email: _____
 Phone: _____ Gender: M F Age on race day: _____
 Shirt Size _____ (2X, 3X and 4X add \$2.00)
 Check one: 10K _____ 5K _____ 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, Summer Motion, Inc, O Such Tri-State Race Planners, Park Place Building, 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): _____