

Proceeds benefits the
SOMC LIFE Center
Wellness Programs.



5K RUN
10K RUN

SATURDAY
SEPTEMBER 5TH
2026

The SOMC LIFE Center
1202 18th Street
Portsmouth, OH 45662



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Saturday September 5, 2026

Competitive Event

- 5K Run
- 10K Run

Start and Finish

The SOMC LIFE Center
1202 18th Street
Portsmouth, OH

Course

Shady, tree-lined, rolling residential area

Entry Fees

\$25/Run:
Participants may
register at Tristateracer.com



Awards Presentations (immediately following races)

Awards will be given to the top 3 finishers
in each age division of the 5K/10K run.

Packet pickup begins at 6:30 am on the day of the race.



Age Divisions

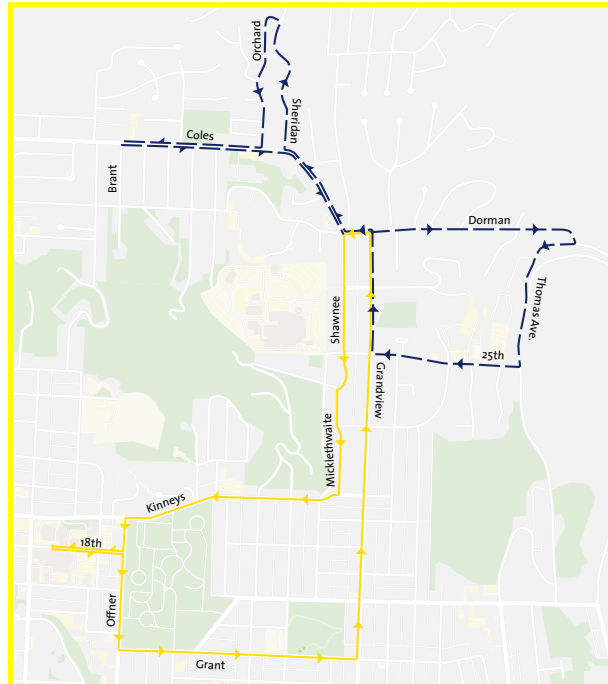
| 5K Run | 10K Run |
|-------------|-------------|
| 8 & younger | 8 & younger |
| 9-14 | 9-14 |
| 15-19 | 15-19 |
| 20-29 | 20-24 |
| 30-39 | 30-34 |
| 40-49 | 40-44 |
| 50-59 | 50-54 |
| 60-69 | 60-64 |
| 70 & older | 70 & older |

Race Day Schedule

- 6:30 am • Registration for 5K/10K (packet pick-up)
- 7:25 am • Final Instructions (at starting line)
- 7:25 am • Registration Ends (no exceptions)
- 7:30 am • Run Begin
- 9:00 am • Awards Ceremony

Additional LIFE Center Information

Contact the SOMC LIFE Center at (740) 356-7650. Showers and restrooms will be available at the SOMC LIFE Center.



Entry Form One form per participant; please print

Name _____

Age _____ Sex: M F

Street _____

City _____ State _____ Zip _____

Telephone _____

E-mail _____

or register online: www.tristateracer.com

T-shirt Sizes Shirts will be reserved for first 250 registered

Please circle your shirt size: Sm Med Lg X-Lg XX-Lg

Additional shirts may be purchased on day of race for \$10. Supply limited.

Race Choice Please circle your event

5K Run

10K Run

Make check payable to: Run For Your LIFE
Return entry with remittance to: The SOMC LIFE Center, RFYL
1202 18th Street
Portsmouth, Ohio 45662

For additional race information contact Brad Zieber at
(740) 356-7572 or send an e-mail request to zieberb@somc.org

Waiver: In consideration of your accepting this entry, I hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I have against THE SOMC LIFE CENTER, SOUTHERN OHIO MEDICAL CENTER, AND ANY OF THE LISTED SPONSORS. I give permission for the free use of my name and/or photograph in any broadcast, telecast or other account of this event. I further attest and certify that I am physically fit and have sufficiently trained for competition in the event I am entering.

Signature (Parent or guardian if under 18)