Continuing the tradition of family friendly entertainment in the community!

Proceeds go to help the Old Fashion Days Committee bring more events into the community!

Southern Ohio Medical Center
39TH ANNUAL
Old Fashion Days 5K
GREENUP OLD FASHION DAYS
OCTOBER 3, 2024

5K Run/Walk

**Thursday
October 3, 2024
6 pm**

**Greenup Library
Walnut Street
Greenup, KY**

5pm On-Site Registration

$25 Thru September 22nd

$30 Sept. 23rd Thru Oct. 2nd

$35 Day of Race

• Chip timed
• Race Shirts guaranteed to all registered
• Door prizes
Pizza after the race provided by Poppy's Pizza!

Course: Starts and ends at the Library. Flat and fast. An out and back that runs thru the Fairgrounds.

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+**

O SUCH
TRI-STATE
RACE PLANNERS

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

**Please mail registration and check payable to:
O Such Race Planners
Memo: *Old Fashion Days* to:**

**Old Fashion Days 5K
c/o Alan Osuch
5024 Williams Avenue
Ashland, KY 41101**

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

Old Fashion Days 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 Greenup, 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): _____