
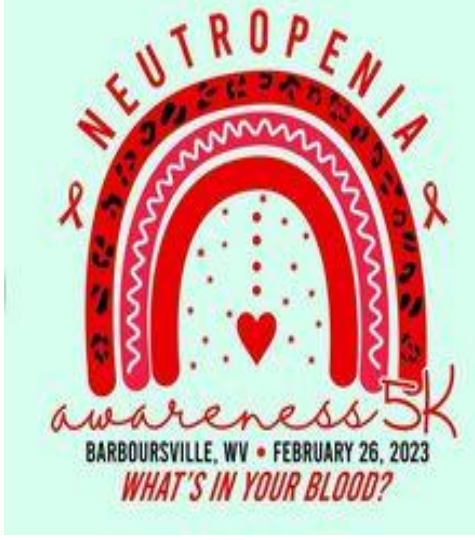
 <p>national neutropenia network</p> <p>6 Year old Hannah has a very rare disease, Neutropenia. It occurs when you have too few neutrophils, a type of white blood cells. While all white blood cells help your body fight infections, neutrophils are important for fighting certain infections, especially those caused by bacteria. Not having enough neutrophils makes it harder for your body to fight germs and prevent infections. In severe cases, even bacteria that a healthy body typically tolerates (like the bacteria in your mouth and intestines) can make you sick.</p>			<p>5K Run/Walk *****</p> <p>Sunday February 26, 2023 2pm *****</p> <p>Community Park Barboursville, WV</p> <p>Virtual option available online at TriStateRacer.com</p>
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All proceeds go to the National Neutropenia Network!

<p>•1pm On-Site Registration •\$25.00 if pre-registered before February 26th \$30 Day of race</p>	<p>•Shirts guaranteed to all registered •Door prizes •Refreshments</p> <p>FEBRUARY 28TH IS RARE DISEASE DAY!</p>	<p>Course: Start at the lake > out the soccer field road > over the bridge > .5 mile to the right > turn around > return to the lake to finish.</p>
<p>Trophies to first three overall male and female finishers. Awards to first three finishers in each male and female age group. <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 75-70 80+</p>	 <p>RACE PLANNERS Race Director: Alan Osuch OsuchRacePlanner@aol.com or 606-369-4403</p>	<p>Please mail registration and <u>check payable to:</u> <i>O Such Race Planners</i> Memo: <i>Neutropenia 5K to:</i></p> <p>Neutropenia 5K c/o Alan Osuch 5024 Williams Avenue Ashland, KY 41101</p>

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Neutropenia 5K

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

Address: _____ **Email:** _____

Phone: _____

Shirt Size _____ (2X, 3X and 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 Village of Barboursville, National Neutropenia Network, 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): _____