

The mission of the Knights Of Columbus is to provide members and their families with volunteer opportunities in service to the Catholic Church, their communities' family's and young people. The Knights principles of charity, unity, fraternity and patriotism serve as the basis of the Order's core values which are integrity, professionalism, excellence and respect.



5K Run/Walk
August 4, 2023
Friday 10pm
Holy Family School
900 Winchester Avenue
Ashland, KY

<ul style="list-style-type: none"> • 9pm On-Site Registration • \$25 pre-registered before August 4th • \$30 Day of Race • Extra soft race shirts guaranteed to all registered 	<ul style="list-style-type: none"> • This is our only glo run this season! • Extra soft race shirts guaranteed to all registered • A glo necklace and bracelet provided! • Door prizes and ice cream after the race! 	<p>Registration in the Holy Family School gym. Runners will walk to the mall after they register. They will walk back to the gym after finishing. Awards ceremony in the gym. Course: Flat and fast. Starts and ends in Town Center Mall. Around the outer rim of the mall parking area three times.</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></p> <p>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+</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: <i>Midsummer Knights Glo</i></p> <p>Please mail registration to: A Midsummer Knights Glo 5K c/o Alan Osuch 5024 Williams Avenue Ashland, KY 41101</p>

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A Midsummer Knights Glo 5

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, Knights Of Columbus, Holy Family Church and School, Ashland Town Center, 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): _____