



To assist in reducing the incidence of psychosis in young people and prevent the secondary disability that usually follows the psychosis.



5K Run/Walk

September 10, 2023  
Sunday 2pm

Russell Senior Center  
520 Bellefonte Street  
Russell, KY

*Proceeds will benefit youth and young adults experiencing mental health issues, and their families!*

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| <ul style="list-style-type: none"> <li>• 1pm On-Site Registration</li> <li>• \$25 if pre-registered before September 9th 10am</li> <li>• \$30 Day of Race</li> <li>• Race shirts guaranteed to all registrants</li> </ul>  | <ul style="list-style-type: none"> <li>• Door prizes</li> <li>• Refreshments,</li> <li>• Swag bags</li> <li>• Run with friends!</li> <li>• Family fun!</li> <li>• <i>Support a great cause!</i></li> </ul>                            | <p>Course: Starts and ends at the Senior Center. Heads out past the Super Quik then toward the river. Along the river and back past the Senior Center. Then there is an out and back toward Worthington.</p>                        |
| <p>Trophies to first three overall male and female finishers.<br/>Awards to first three finishers in each male and female age group.<br/><i>No duplication of awards</i><br/>Age Groups: 9 and under<br/>10-14 15-19 20-24 25-29 30-34<br/>35-39 40-44 45-49 50-54 55-59<br/>60-64 65-69 70-74 75-79 80+</p> |  <p>RACE PLANNERS<br/>Race Director: Alan Osuch<br/><a href="mailto:OsuchRacePlanner@aol.com">OsuchRacePlanner@aol.com</a><br/>or 606-369-4403</p> | <p>Please mail registration and <u>check payable to:</u><br/><u>O Such Race Planners</u><br/>Memo: <i>Break The Barrier</i> to:<br/><br/>Break The Barrier 5K<br/>c/o Alan Osuch<br/>5024 Williams Avenue<br/>Ashland, KY 41101</p> |

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*Break The Barrier 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 Russell, Russell Senior Center, Pathways, iHOPE, 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): \_\_\_\_\_