

Mattie was studying to become a nurse. She was a member of the First Baptist Church of Russell and was a 2014 graduate of Greenup County High School. She loved all things in life, however nothing meant more to her than being a mom and spending time with Macie and her family.




5K Run/Walk

September 16, 2023
Saturday
9am

**Russell Senior Center
520 Bellefonte Street
Russell, KY**

Proceeds go toward the Mattie Conley Memorial Nursing Scholarship at Ohio Southern University.

<p>•8am On-Site Registration</p> <p>• \$ 25.00 if pre-registered before September 15th \$30 Day of Race</p> <p>Race Course records: Male: Neil Johnson 21:53 2022 Female: Kemmely Hochstetler 24:51 2017</p>	<p>• Shirts to all registered <i>Celebrate Mattie's life and keep her nursing dream alive with the nursing Scholarship!</i> Sandwiches after the race catered by Ghostly Gourmet!</p>	<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. 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+</p>	 <p>Race Director: Alan Osuch <u>OsuchRacePlanner@aol.com</u> or 606-369-4403</p>	<p>Please mail registration and <u>check payable to:</u> <u>O Such Race Planners</u> Memo: Conley Memorial to:</p> <p>Conley Memorial 5K c/o Alan Osuch 5024 Williams Avenue Ashland, KY 41101</p>

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Mattie Conley Memorial 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 Flatwoods, Russell-McDowell Intermediate School, 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): _____