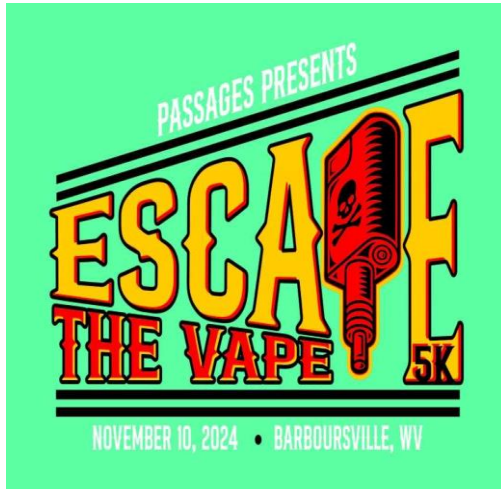




At Passages LLC, we are committed to providing empathetic and effective substance abuse and mental health counseling through the convenience of telehealth and in-person sessions. Our dedicated team of licensed professionals is here to support you on your journey to wellness, offering a range of therapeutic services tailored to meet your unique needs.



5K Run/Walk

Sunday
November 10, 2024
2pm

Community Park
Barboursville
WV

Proceeds go to support Passages Teen Vaping Cessation Program!

<p>1pm on site registration \$25 before October 28th \$30 Oct. 28th thru Nov. 9th \$35 On Race Day</p>	<ul style="list-style-type: none"> •Shirts guaranteed to all registered •Door prizes •Refreshments 	<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 75-79 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>Escape The Vape 5K</i> to: Escape The Vape 5K c/o Alan Osuch 5024 Williams Avenue Ashland, KY 41101</p>

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

Escape The Vape 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, PassagesLLC 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): _____