



# OASIS

Behavioral Health Services

All proceeds will go to our local Suicide Prevention Lifeline. The Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals.



**5K Run/Walk**  
\*\*\*\*\*  
**Sunday**  
**October 13, 2024**  
**2pm**  
\*\*\*\*\*  
**Community Park**  
**Barboursville, WV**

**1pm On-Site Registration**  
**\$25 before Sept. 30th**  
**\$30 Sept. 30th Thru Oct. 12th**  
**\$35 Day of Race**

**Race Shirts guaranteed to all registered**  
**Door prizes**  
*Refreshments after the race!*

**Course: Start at the lake > out to the soccer field road > over the bridge > .5 mile to the right > turn around > return to the lake to finish.**  
**Race Course records:**  
**Male Carsen Blower 17:54 2019**  
**Female Abigale Sloan 23:49 2019**

**Trophies to first three overall male and female finishers.**  
**Awards to first three finishers in each male and female age group.**  
*No duplication of awards*  
**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+**



**Please mail registration and check payable to:**  
***O Such Race Planners***  
**Memo: *You Are Loved* to:**  
  
**You Are Loved 5K**  
**c/o Alan Osuch**  
**5024 Williams Avenue**  
**Ashland, KY 41101**

\*\*\*\*\*Cut here\*\*\*\*\*

## *You Are Loved 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, Oasis Behavioral Health Services, 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):** \_\_\_\_\_