

Mission: Finding strength in the fellowship of other Gold Star Mothers who strive to keep the memory of our sons and daughters alive by working to help veterans, those currently serving in the military, their families and our communities.



Run/Walk 5K And 1 Mile Memory Walk

October 4, 2025 9am

Barboursville Park Barboursville, WV

- 8:00am On-Site Registration
 \$25 before Sept. 22nd
 \$30 Sept. 22nd thru Oct. 2nd
 \$35 Day of Race
 - •Race shirts guaranteed to all registered

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+

- •Race shirts guaranteed to all registered
 - Door Prizes
 - Refreshments

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 Director: Alan Osuch OsuchRacePlanner@aol.com



Please mail registration and check payable to:

O Such Race Planners

Memo: Run To Salute to: Run To Salute 5K c/o Alan Osuch 5024 Williams Avenue Ashland, KY 41101

	Run To Salute 5K	
Name:	Gender: M F Age on race day:	
	Email:	
	Phone:	
Shirt Size	(2X, 3X and 4X add \$2.00) Amount paid \$	
	Choose one: 5K 1 Mile	
Extra o	onation \$ Amount paid \$	
WAIVER: I know that running trained. I agree to abide by any in this event, including but not the conditions of the road, all s	a road race is a potentially hazardous activity and I should not enter a run unless I am medically able and lecisions of a race official relative to my ability to safely complete the run. I assume all risks associated wi mited to. falls, contact with other participants, the effects of weather (including high heat or humidity), trebrisks being known and appreciated by me. Having read this waiver, I release Gold Star Mothers of WV	th running affic and V, Village of
in this event.	Race Planners, race officials. volunteers and all sponsors from all claims to liabilities arising out of my pa	ırtıcıpatıon
Signature:	Date:	
	Guardian (For minor):	