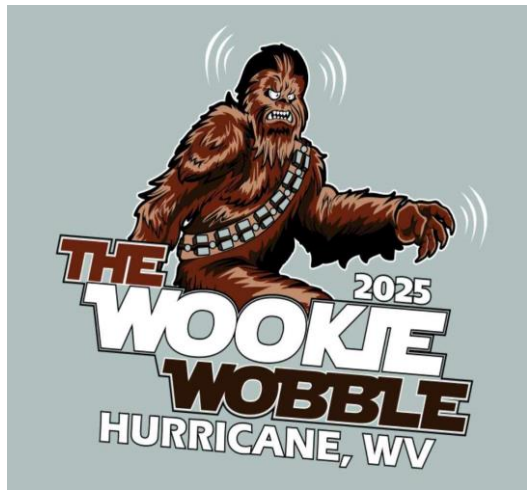




Putnam County Aging Program has been serving the community for over 35 years with the single minded mission to bring care and comfort to those who need it most. Believing that seniors are important, Putnam Aging provides nutritional, social and health related programs.



5K Run/Walk
Sunday
May 4, 2025
2pm
Valley Park
1 Valley Park Drive
Hurricane, WV

All funds raised will support our nutrition programs. Putnam County Aging Program fights hunger in our communities daily, offering meals both at local senior centers as well as Meals on Wheels. Meals are provided to seniors at no cost.

<p>8am On-Site Registration</p> <p>\$25 before April 21st \$30 Apr. 21st thru May 2nd \$35 Day of Race</p>	<p><i>Refreshments</i></p> <p><i>Race shirts guaranteed to all registrants</i></p> <p><i>Prizes to the 3 best Star Wars costumes!</i></p>	<p>Course: Course starts and ends at the large shelter. Goes thru the park and an adjoining neighborhood. Some rolling hills throughout.</p>
<p>Trophies to first three overall male and female finishers.</p> <p>Awards to first three finishers in each male and female age group.</p> <p><i>No duplication of awards</i></p> <p>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 <u>OsuchRacePlanner@aol.com</u> or 606-369-4403</p>	<p>Please mail registration and <u>check payable to:</u> O Such Race Planners Memo: Wookie Wobble 5K to: Wookie Wobble 5K c/o Alan Osuch 5024 Williams Avenue Ashland, KY 41101</p>

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

Wookie Wobble 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 Hurricane, Hurricane Valley Park, Putnam County Aging Program, 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): _____