



HELPING HANDS OF GREENUP




5K Run/Walk

**October 5, 2025
Sunday 2pm**

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

Proceeds to assist Sierra's Haven in animal rescue and to Helping Hands Of Greenup!

<p>1pm On-Site Registration \$25 before September 22nd \$30 Sept. 22nd thru Oct. 4th \$35 Day of Race</p>	<p>Door prizes Refreshments Race shirts to all registered <i>Unique Point To Point race!</i></p>	<p>Course: Register at the Senior Center. Bus ride to Start Line at Russell High School. Run from the school to and up and over the Flyover Bridge. Finish Line at the Senior Center</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 <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: <i>Flyover Bridge</i> to:</p> <p>Flyover Bridge 5K c/o Alan Osuch 5024 Williams Avenue Ashland, KY 41101</p>

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Flyover Bridge 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 Russell, Russell Senior Center, Sierra's Haven, O Such Tri-State Race Planners, 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): _____