



Helping Hands of Greenup County
Helping Hands is a non-profit 501(c)3 faith based, human service agency providing emergency assistance by direct distribution of food, medications, clothing, utility assistance, referral service and education to low-income elderly, children and families at risk in Greenup County.

Southern Ohio Medical Center



5K Run/Walk

**November 27, 2025
Thursday 9am**

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

All proceeds and food donations go to Helping Hands to aid in their mission to assist those in need!

• 8am On-Site Registration

**\$25 before November 13th
\$30 Nov. 13th thru Nov 25th
\$35 Day of Race**

**Long Sleeve race shirts
guaranteed to all registrants**

***Any and all food donations
are gratefully appreciated!***

Door prizes, refreshments,

**Run with friends!
Family fun!
Support a great cause!**

**Course: Starts and ends at the
Senior Center. Heads out past
the Super Quik then toward
the river. Along the river and
back past the Senior Center.
Then there is an out and back
toward Worthington.**

**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 PLANNERS
Race Director: Alan Osuch
OsuchRacePlanner@aol.com
or 606-369-4403**

**Please mail registration
and check payable to:
O Such Race Planners
Memo: *Russell Turkey Trot* to:**

**Russell Turkey Trot 5K
c/o Alan Osuch
5024 Williams Avenue
Ashland, KY 41101**

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

Russell Turkey Trot 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, 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): _____