



The mission of the Greenup County Farmers Market is to connect the greater Greenup County community with local producers and artisans to elevate community health and pride by strengthening the agricultural and creative economies. The Greenup County Farmers Market is the only certified market in Greenup County. The certified status allows the market to employ a seasonal market manager to facilitate the Kentucky Double Dollars program and other incentives that are in place to help people in the community access local, healthy food directly from farmers.



5K Run/Walk

**Saturday
June 20, 2026
9am**

**Greenup County
Extension Office
35 Wurtland Avenue
Wurtland, KY**

The Kentucky Double Dollars program requires a cost sharing of partial funding which will be supported by this 5K event, as well as plans for improvement to our market pavilion, especially targeting accessibility.

<p>8am On-Site Registration</p> <p>\$25 before June 8th \$30 June 8th thru June 18th \$35 Day of Race</p>	<ul style="list-style-type: none"> • Door prizes • Refreshments • <i>Race shirts guaranteed to all registrants</i> 	<p>Course: Flat and fast. An out and back. Starts at the Farmers Market. Left on Old 23. Turn-a round at Cox Road.</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 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: <i>Lettuce Run 5K</i> to: Lettuce Run 5K c/o Alan Osuch 5024 Williams Avenue Ashland, KY 41101</p>

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Farmers Market Lettuce Run 5K

Name: _____ **Address:** _____

Email: _____

Phone: _____ **Gender: M F** **Age on race day: _____**

Shirt Size _____ (2X, 3X, 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 City of Wurtland, Greenup County UK Extension Office, 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): _____