



5K Run/Walk
September 20, 2026
Sunday 2pm
Russell Senior
Center
520 Bellefonte Street
Russell, KY

Sanfilippo syndrome is a rare lifelong genetic disease that mainly affects the brain and spinal cord. It is caused by a problem with how the body breaks down certain large sugar molecules called glycosaminoglycans. In children with this condition, these sugar molecules build up in the body and eventually lead to damage of the central nervous system and other organ systems. Children with Sanfilippo syndrome do not usually show any problems at birth. As they grow, they may begin having trouble learning new things and might lose previously learned skills. As the disease progresses, they may develop seizures and movement disorders. Most children with Sanfilippo syndrome live into adolescence or early adulthood.

<p>1pm On-Site Registration \$25 before September 7th \$30 Sept. 7th thru Sept. 11th \$35 Day of Race Shirts to all registrants!</p>	<p>RUN/WALK TO HELP GIVE AXEL PRECIOUS FAMILY TIME</p>	<p>Course: Starts and ends at the Russell 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.</p>
<p>Trophies to first two 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+</p>	 <p>RACE PLANNERS Race Director: Alan Osuch OsuchRacePlanner@aol.com or 606-369-4403</p>	<p>Please mail registration and <u>check payable to:</u> <u>O Such Race Planners</u> Memo: Miles For His Smiles 5K c/o Alan Osuch 5024 Williams Avenue Ashland, KY 41101</p>

Sanfilippo Warrior 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, 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): _____