

All race proceeds go to NESH Fund, Inc., a non-profit organization which provides the people of Nicaragua with Education, Shelter, and Health benefits. Examples include building houses, providing tuition and uniforms for school children as well as college students, and specific health care as needed.

Our race is dedicated to the memory of Dr. Skip Turner, a founding member of HIMG Medical Center. Dr. Turner was very involved with medical mission trips to Nicaragua to provide health care to children and adults.



5K Run/Walk

Saturday
October 24, 2026
9am

Community Park
Barboursville
WV

<p>1pm on site registration</p> <p>\$25 before October 12th \$30 Oct. 12th thru Oct. 22nd \$35 On Race Day</p> <p>Shirts to all registered</p>	<p>Door prizes Refreshments</p> <p>We will also be collecting non perishable food items to contribute to a local food pantry.</p>	<p>Course:</p> <p>Start at the lake > out the soccer field road > over the bridge > .5 mile to the right > turn around > return to the lake to finish.</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 OsuchRacePlanner@aol.com or 606-369-4403</p>	<p>Please mail registration and check payable to: <i>O Such Race Planners</i> Memo: <i>Los Ninos 5K</i> to: Run For Los Ninos 5K c/o Alan Osuch 5024 Williams Avenue Ashland, KY 41101</p>

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Run For Los Ninos 5K

Name: _____ **Gender:** M F **Age on race day:** ____
Address: _____ **Email:** _____
 _____ **Phone:** _____
Shirt Size ____ **(2X, 3X and 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 Village of Barboursville, NESH Fund 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): _____