The KA-POW! Childhood Cancer 5K is a family-friendly, superhero-themed race hosted by Legacy Ashland Church to bring hope and practical support to local families facing the fight of their lives. With every step, we rally our community to put our "capes on" in unity—raising funds to help cover the financial burdens of childhood cancer.

5K Run/Walk

Sunday
September 27, 2026
4pm
Library Commons at Central Avenue and 17th Street Ashland, KY

Proceeds raised go directly to families in our area because every hero deserves a team.

3pm On-Site Registration

$25 before September 14th
$30 Sept. 14th thru Sept 25th
$35 Day of Race

Support a great cause!

Race shirts to all registrants

Refreshments!

Course: Flat with long straight-a-ways through downtown Ashland on city streets. Runners start and finish at the Boyd County Public Library. *This is the City of Ashland 5K course*

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+

O SUCH TRI-STATE 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: KA-POW to:
KA-POW 5K
c/o Alan Osuch
5024 Williams Avenue
Ashland, KY 41101

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KA-POW Childhood Cancer 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 Ashland, Legacy Church of Ashland, 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): _____