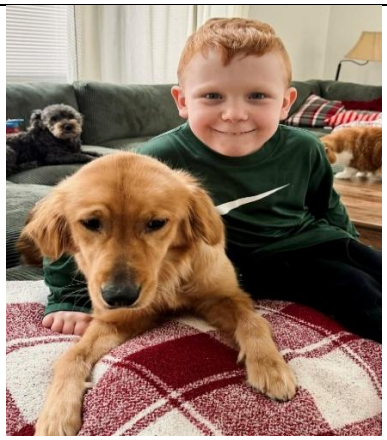

Miles for His Smiles!
AXEL
Sanfilippo Syndrome
Warrior 5k
Russell, KY
September 20, 2026

5K Run/Walk

And 1Mile Memory 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.

1pm On-Site Registration **$25 before September 7th** **$30 Sept. 7th thru Sept. 11th** **$35 Day of Race** **Shirts to all registrants!**	**RUN/WALK TO HELP GIVE AXEL PRECIOUS FAMILY TIME**	**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.**
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+**	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: *Miles For His Smiles* 5K** **c/o Alan Osuch** **5024 Williams Avenue** **Ashland, KY 41101**

Sanfilippo Warrior 5K

Name: _____ Address: _____
Email: _____ _____
Phone: _____ Gender: M F Age on race day: _____
Event: _____ 5K _____ 1 Mile Walk
Shirt Size ____ (2X, 3X and 4X add $2.00) Extra donation $ _____ 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): _____