



Knights of Columbus

Joe Donovan Memorial River Run

42nd Annual

4th of July

5K Run

2 Mile Walk



Date: **Friday, July 4, 2025**
 Time: **8:00 a.m.** (check-in starts at 6:30 a.m.)
 Location: **Limestone Landing (adjacent to Ledger Independent)**

Course: --3.1 miles (5K run)/2 mile walk down McDonald Pkwy, out KY 8, and back

Awards: Trophies to top 3 male and female participants overall in the 5K run and top 2 male and female walkers, medals to top 3 male and female participants of each division in the 5K run, top 3 in the wheelchair division, and top 3 Big Man participants.

Registration: All pre-registrants will receive a T-shirt (day of registrants will receive a T-shirt as available). The cost of the race is \$25 for 18 and over, and \$20 for under 18 years of age. Make checks payable to **Knights of Columbus**. Please mail to: Kelly Ashley, 508 E Second St, Maysville, KY 41056.

ENTRY FORM

NAME_____

ADDRESS_____

CITY_____STATE_____ZIP_____

PHONE_____AGE_____GENDER: M___F___

SHIRT SIZE (Circle one) Adult: S M L XL XXL

DIVISIONS (check one): 5K Run_____
 5K Big Man (225lbs+)_____2 Mile Walk_____Wheelchair_____

Circle group that applies to you					
Age	Female	Male	Age	Female	Male
14 & Under	A	B	40 to 44	M	N
15 to 19	C	D	45 to 49	O	P
20 to 24	E	F	50 to 54	Q	R
25 to 29	G	H	55 to 59	S	T
30 to 34	I	J	60 to 64	U	V
35 to 39	K	L	65 to 70+	W	X

In consideration of the acceptance of my entry, I, for myself, my executors, administrators, and assignees, do hereby release & forever discharge the officials, administrators, & all sponsors & individuals assisting in the presentation of the Maysville Knights of Columbus 5K run and 2 mile walk from all claims of damages, demands, & actions whatsoever in any manner or growing out of participation in this event. I hereby attest & verify that I have full knowledge of the risks involved in this run/walk, that I assume those risks, that I will assume & pay my own medical expenses & emergency expenses in the event of accident, illness or other incapacity, regardless of whether I have authorized such expenses, I attest that I am physically fit & sufficiently trained to participate in this run/walk, & that I will run/walk a minimum of 10 miles for the two weeks prior to the race.

PARTICIPANT'S SIGNATURE_____DATE_____

PARENT'S SIGNATURE_____DATE_____

(Parent's signature required for all entrants less than 18 years of age)

In case of medical emergency, contact_____Phone_____

FOR MORE INFORMATION, CALL Kelly Ashley @ 606-584-2855

