Scan the QR code to open the Sorehead 5K route on Map My Run!

"But those who hope in the Lord will renew their strength. they will soar on wings like eagles; they will run and not grow weary, they will walk and not be faint." Isaiah 40:31

The Mission of the Ohio County FWC

The mission of the Ohio County Family Wellness Center is to promote the wellness of mind, body, and spirit of citizens of all ages by providing a facility for education, recreation, and physical fitness, with a special emphasis on the needs of our youth.

Family Wellness Center

The City of Hartford & the Family Wellness Center's

2026 Sorehead 5K

Saturday, October 24th
102 South Main St
Registration- 7:00 AM
Race- 8:00 AM

2026 Sorehead 5K Registration Form

Name:_____ DOB:_____ Age:____ M / F Phone:_____

Address:_____ City:_____ State:____ Zip:_____

Emergency Contact:_____ Relationship:_____ Phone:_____

T-shirt Size (circle one): S M L XL XXL

Early Bird (9/25 or before): $20 After 9/25: $25 Race Day (10/24): $30

Agreement of Release and Waiver of Liability

I, _____ , hereby agree to the following:

I am participating in the Ohio County Family Wellness Center 5K event, during which I will receive instruction on running and fitness.

I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Family Wellness Center 5K event. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in this class.

In consideration of being permitted to participate in the Family Wellness Center 5K event I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the program.

In consideration of being permitted to participate in the Family Wellness Center 5K event, I knowingly, voluntarily, and expressly waive any claim I may have against the Ohio County Family Wellness Center, or any instructor for injury or damages that I may sustain as a result of participating in the program.

I, my heirs or legal representatives forever release, waive discharge, and covenant not to sue the Ohio County Family Wellness Center, or any associate/instructor of the Family Wellness Center 5K event for any injury or death caused by their negligence or other acts. I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

_____ _____

Signature of Participant/Guardian (if under 18) **Date**