LOGAN COUNTY
TOBACCO & HERITAGE
FESTIVAL

2026 JESSE JAMES 5K
Saturday, October 3rd, 2026
PARTICIPANT ENTRY FORM

SCHEDULE OF EVENTS

6:30 AM	Late registration and race packet pickup for pre-registered runners at the Russellville Recreation Ctr., 190 South Winter St.
7:45 AM	Close of registration
8:00 AM	Jesse James 5 K Run
8:01 AM	Jesse James 5 K Walk
9:00 AM	Awards Presentation

COST OF REGISTRATION

$15.00 if registered by Sept. 18th. $20 after Sept. 18th and on race day.

THE COURSE

Runners & walkers will compete on a course laid out through the scenic streets of historic Russellville. The start of the Race will be at 6th & Winter. The finish line will be near 5th & Winter. The course will include mile markers, splits and adequate water stations. Traffic control will be provided by the Russellville Police Department, the Logan County Sheriff's Department, the Kentucky Hwy Dept. and more.

5K RUN

Age divisions are as follows: 5-8, 9-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-59, 60+. Awards will be given according to the number of participants in each division.

5K WALK

Age divisions are as follows: 5-8, 9-14,15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-59, 60+. Walkers will compete on the Jesse James Race course and will begin immediately after the start of the Run at approximately 8:01 a.m. The course will be monitored to insure that participants walk the course.

Name_____ Age on Race Day _____

Address _____ City, State _____Zip _____

Cellphone # _____ Email _____

PLEASE CIRCLE ONE 5 K RUN - OR - 5 K WALK MALE - OR - FEMALE

T-SHIRT SIZE: Y 14/16 S M L XL XXL

Guaranteed only if registered by 9/18/2026

FEES: Children 10 and under FREE. $15.00 if received by September 18th, $20.00 after September 18th and on race day.

Make checks payable to: Logan County Chamber of Commerce

Mail to: Russellville Parks Dept, Jenn Siebold 168 S. Main St., Russellville, KY 42276

In consideration of the acceptance of my entry, I for myself, my executors, administrators, and assignees, do hereby release and discharge all sponsors and individuals assisting in the presentation of the run from all claims of damages, demands, actions, whatsoever in any manner arising or growing out of my participation in said athletic event. I attest and verify that I have full knowledge of the risks involved in this event and I am physically fit and sufficiently trained to participate in this event.

WAIVER MUST BE SIGNED

SIGNATURE _____

(PARENT OR GUARDIAN IF UNDER 18)

DATE _____

OFFICIAL USE ONLY	
DATE: / /	STAFF _____
PAID: _____	INVOICE # _____
CASH / CHECK / CARD	REF # _____