



*The Comfort of Home*

Community Hospice provides compassionate hospice and palliative care for those facing a life-limiting illness. In addition to providing high quality medical care, Community Hospice also provides for the physical, emotional and spiritual needs of patients and their families. Serving nine counties in eastern Kentucky and southern Ohio for 40 years.

# 12th Annual



**October 28, 2023**

**Saturday 9am  
5K Run/Walk**

**Ohio Southern  
University  
1804 Liberty Street  
Ironton, OH**

**Proceeds go to serve the community through compassionate hospice and palliative care.**

- 8am On-Site Registration
  - \$25 pre-registered before October 27th
  - \$30 Day of Race
- Race Shirts guaranteed to all registered

- Door prizes • Refreshments
- Run or walk with friends in memory of your loved ones that have passed
- With it being Halloween weekend, wear your costumes! Trophy to the best three!

Course: A mostly flat and fast course thru the streets of Ironton. A combination of blacktop and brick streets.  
 \*\*\*\*\*  
**Race Course records:**  
 Male: Dustin Moritz 16:43 2015  
 Female: McKenna Pannell 20:25 2015

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+



**Race Director: Alan Osuch**  
**OsuchRacePlanner@aol.com**  
 or 606-369-4403

Please mail registration and check payable to:  
O Such Race Planners  
 Memo: *Run In Remembrance*  
 to:  
 Run In Remembrance 5K  
 c/o Alan Osuch  
 5024 Williams Avenue  
 Ashland, KY 41101

\*\*\*\*\*Cut here\*\*\*\*\*

## Run In Remembrance 5K

Name: \_\_\_\_\_ Gender: M F Age on race day: \_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Shirt Size \_\_\_\_\_ (2X, 3X and 4X add \$2.00) Amount paid \$ \_\_\_\_\_

Name of the remembered one you are running for: \_\_\_\_\_

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 Ironton, Community Hospice, 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): \_\_\_\_\_