



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.

14th Annual



October 11, 2025

**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 before September 29th
\$30 Sept. 29th – Oct. 9th
\$35 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**

**Course: A mostly flat and fast
course thru the streets of
Ironton. A combination of
blacktop and brick streets.**

Race Course records:
Male: Hector Falcon 15:43 2024
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): _____