



*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.



**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.**

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**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**

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## ***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): \_\_\_\_\_**