



The Pacemakers are a student founded and run group working toward a healthy Marshall University Joan C. Edwards School Of Medicine student body. We believe that healthy medical students make healthy doctors, and healthy doctors provide the best care to their patients. Close friendships are developed through training and students attaining their endurance event dreams, such as the Marshall Marathon.

"This year's race is a collaboration between The Pacemakers and the Men's Health Organization at Marshall University Joan C. Edwards School of Medicine." MHO is a student-led group committed to increasing student opportunities in both the promotion and education of men's health."



5K Run/Walk

**

**Sunday
May 17, 2026
2pm**

***Community
Park
Barboursville
WV**

**Proceeds will go toward helping support medical student health, physical activity, and wellbeing through:
(1) subsidizing student entrance fees into races such as the Marshall Marathon and (2) enabling the Pacemakers to put on activities and events to encourage their peers to be physically active throughout the year.**

1pm on site registration \$25 before May 4th \$30 May 4th thru May 15th \$35 On Race Day	Shirts to all registered Door prizes Refreshments	Course: Start at the lake > out the soccer field road > over the bridge > .5 mile to the right > turn around > return to the lake to finish.
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 PLANNERS Race Director: Alan Osuch <u>OsuchRacePlanner@aol.com</u> or 606-369-4403	Please mail registration and <u>check payable to:</u> <i>O Such Race Planners</i> Memo: <i>The Pacemakers 5K</i> to: The Pacemakers 5K c/o Alan Osuch 5024 Williams Avenue Ashland, KY 41101

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The Pacemakers 5K

Name: _____ **Gender:** M F **Age on race day:** ____

Address: _____ **Email:** _____
Phone: _____

Shirt Size ____ **(2X, 3X and 4X add \$2.00)** **Donation \$** ____ **Amount Enclosed \$** ____

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 Village of Barboursville, The Pacemakers and Mens Health Organization (of Joan C. Edwards School Of Medicine), O Such Tri-State Race Planners, TriStateRacer.com timing, 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): _____