



Maintaining a food pantry and providing a shelter for the homeless.



5K Run/Walk

**Monday
May 25, 2026
8am**

**VFW 8850
3026 S. 3rd Street
Ironton, OH**

Proceeds of the race will go the Ironton City Mission food program.

<p>7am On-Site Registration \$25 Before May 11th \$30 May 11th Thru May 23rd \$35 Day of Race</p>	<p>Be part of this traditional race! Pizza after the race provided by Giovanni's Ironton!</p>	<p>Course: Race starts on 4th St. right on Wyanoke St., turn right on 12th St.. turn right on Lorain St., turn left into Woodland Cemetery.. Stay to the left and complete one circle. Exit the cemetery.. left on Lorain to finish on 4th St.</p>
<p>Trophies to first three overall male and female finishers. Awards to first three finishers in each male and female age group. <i>No duplication of awards</i> 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+</p>		<p>Please mail registration and <u>check payable to:</u> <u>O Such Race Planners</u> Memo: Ironton Classic 5K to: Ironton Classic 5K c/o Alan Osuch 5024 Williams Avenue Ashland, KY 41101</p>

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Ironton Classic Memorial Day 5K

Name: _____ **Address:** _____
Email: _____
Phone: _____ **Gender:** M F **Age on race day:** _____
Shirt Size ____ (2X, 3X, 4X and 5X add \$2.00) **Extra donation \$** _____ **Amount paid \$** _____

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, Vertiv Corporation, 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): _____