



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 over 45 years.



October 31, 2026

**Saturday • 9am
5K Run/Walk**

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

8am On-Site Registration

**\$25 before October 19th
\$30 Oct. 19th – Oct.29th
\$35 Day of Race**

**Race Shirts guaranteed
to all registered**

Door prizes

Refreshments

While costumes are encouraged, we kindly ask that you keep in mind the meaningful purpose of this event and the loved ones we are honoring.

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): _____