



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.

10th Annual Community Hospice

Run In Remembrance 5K

October 5, 2019 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.

Table with 3 columns: Registration details (8:00am on-site, \$20/\$25/\$18), Race details (shirts, prizes, refreshments, memory run), Course info (flat/fast, records: Dustin Moritz 16:43, McKenna Pannell 20:25), Awards (Trophies, age groups), Race Director (Alan Osuch), and Registration/Check info (mail to O Such Race Planners).

\*\*\*\*\*Cut here\*\*\*\*\*

Run In Remembrance 5K

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Gender: M F Age on race day: \_\_\_\_\_

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

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): \_\_\_\_\_