

Purpose

Proceeds from the Harvest Run go to the Harvest of Talents. The Harvest of Talents raises funding to fight hunger around the world.



Awards

Medals will be given to the OVERALL WINNER, plus TOP MALE and TOP FEMALE in each age division.

For more information, contact Michael Lennen at the Lincoln Area YMCA at 217-735-3915 or 800-282-3520.

The YMCA & Harvest of Talents reserve the right to use any photos from this event to promote this worthwhile cause.

Thank you for your support!

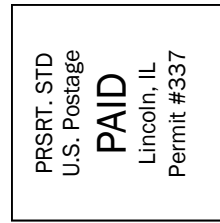
Early registrations end Thurs. Oct. 22

MAILED FORMS MUST BE POSTMARKED

WED OCT. 21:

Mail to: Lincoln Area YMCA
604 Broadway Street, Suite 1
Lincoln, IL 62656

Checks Payable to: Lincoln Area YMCA

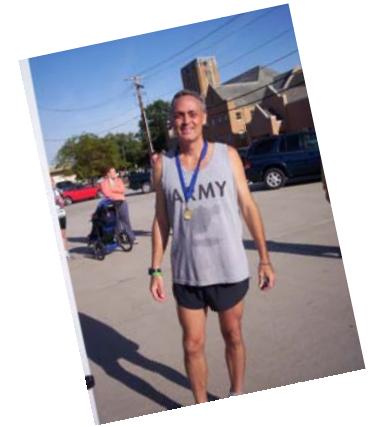


Lincoln Area YMCA
604 Broadway St., Suite 1
Lincoln, IL 62656



We build strong
kids, strong
families, strong
communities.

Harvest Run 09



5K Run

&

1 Mile Fun Run/Walk

Saturday, October 24, 2009

8:30 AM

**Hamilton St. behind Safety
Complex**

Sponsored by:

**Guzzardo's &
Elkhart Grain Co.**

Harvest Run 09

Early Registration

Early registrations will be taken at the YMCA office. Early registrations must be received by:

Thurs., October 22nd to avoid fee increase.

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5K \$12

1 Mile Fun Run/Walk \$7

Family Rate (4+) \$27

Add \$3 day of race

Team Rate (15 min) \$110

Team Deadline Thurs Oct. 22 (forms found online and/or at the Y office). www.lincolnymca.org

Race Day registrations are from 8-8:30 A.M., at the Harvest of Talents, located on N. Hamilton St., Lincoln, IL. Look for the YMCA booth.

- The race starts at 8:30 A.M. on Hamilton St. near the Logan County Safety Complex. Race day registrations start at 8:00AM.
- Snacks & Drinks will be provided.
- ALL participants receive a FREE Harvest/YMCA water bottle. (While supplies last)
- Shirts will be given to the first 50 individual/family registrants.
- Awards will be given the OVERALL WINNER, plus the TOP MALE and TOP FEMALE in each age division.

Fees are non-refundable & non-transferable.

Cut here



Harvest Run 09

Individual/Family Entry Form

Teams may find entry forms on the YMCA website or at the YMCA office. www.lincolnymca.org

Participant Name Gender

Participating Parent/Guardian (if under 18)

Address

City, Zip

Age on Race Day Birth Date

Primary Phone Alternate Phone

Emergency Contact Phone

Email Address

Warning of Risk/Pictures

I know that running a race is a potentially hazardous activity. I represent that I am medically able and properly trained. I assume all risks associated with running this event, including but not limited to; falls, contact with other participants, effect of the weather - including the heat, traffic, and conditions of the road. All such risks being known and appreciated by me. I also grant the YMCA permission to use pictures of me and/or my child in advertising & information packages.

Participant or Parent/Guardian Signature Date

Release of Liability

I hereby release the Lincoln Area YMCA & their entire staff members, administration, board members, volunteers, or any other entity involved with the Lincoln Area YMCA from responsibility and liability due to injury and illness that my child or myself may sustain during any of the Lincoln Area YMCA programs and/or activities. I will accept responsibility for payment of medical services rendered due to illness or injury that occurs to my child or myself while participating in the Lincoln Area YMCA programs and/or activities.

Participant or Guardian Signature Date

Authorization for Medical Treatment

If my child or I become ill or injured at this YMCA event, I understand that the staff/volunteers will (1) contact me immediately (2) if I can not be reached, contact the emergency person listed on this registration form. Should either the emergency contact or myself be unavailable, the Lincoln Area YMCA staff/volunteers are authorized to arrange for immediate treatment. The physician and/or medical facility are authorized to administer emergency medical treatment necessary to ensure the health of my child or myself.

Participant or Guardian Signature Date

Number of Participants for Event:

___ 5K Run . . . \$12

___ 1 Mile Run/Walk \$7

___ Family (4+) . . . \$27

Add \$3 day of race

T-Shirt Size: S M L XL (First 50 registrants)

Family Member (under 18) Relationship Size

Family Member (under 18) Relationship Size

Family Member (under 18) Relationship Size

Family Member (under 18) Relationship Size

5K Run Categories (Please circle)

14 & under 40 - 44

15 - 19 45 - 49

20 - 24 50 - 54

25 - 29 55 - 59

30 - 34 60 & over

35 - 39

TOTAL Due _____

(Participants 18+ must fill out their own form)

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