

PURPOSE

Proceeds from the Harvest Run go to the Harvest of Talents 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.

Early Registration ends Friday, October 21st.

Mailed Forms Must Be Postmarked Mon., Oct. 17.

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

Checks Payable to: Lincoln Area YMCA

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

For more information, contact the Lincoln Area YMCA at 217.735.3915 or 800.282.3520

PRSR.T. STD
U.S. Postage
PAID
Lincoln, IL
Permit #604

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



LINCOLN AREA Y



Harvest Run

5K Run & 1 Mile Fun Run/Walk

Saturday, October 22, 2011
8:30 am

Hamilton St. behind Safety Complex

SPONSORED BY:

Elkhart Grain Co. • Lincoln Area YMCA
Guzzardo's Italian Villa • Brad Neal & Associates

217-735-3915
www.lincolnymca.org

HARVEST RUN 2011

Early Registration

Early registrations will be taken at the YMCA office. Early registrations must be received by **Friday, October 21st to avoid a fee increase.**

MAILED FORMS MUST BE POSTMARKED MON. OCT. 17.

5K	\$17
1 Mile Fun Run/Walk	\$12
Family Rate (3+)	\$40
Team Rate (15 max.)	\$125

ADD \$3 DAY OF RACE

Team Deadline Fri., Oct. 21. (forms found online at www.lincolnymca.org and/or at the YMCA office).

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

- Race starts 8:30 a.m. on Hamilton St. near the Logan County Safety Complex. Race day registrations start at 8:00 a.m.
- Snack & Drinks will be provided.
- Shirts will be given to the first 50 individual/family/team registrants. One t-shirt per individual/ one t-shirt per family/ one shirt per team.
- Ages 17 and under must be accompanied by a participating adult.
- Awards will be given to the **OVERALL WINNER**, plus the **TOP MALE** and **TOP FEMALE** in each age division.

Fees are non-refundable & non-transferable.

HARVEST RUN 2011

Individual/Family Entry Form

Participant Name _____ Gender _____

Participating Parent/Guardian (if under 18) _____

Address _____ City _____ Zip _____

Age on Race Day _____ Birth Date _____

Primary Phone _____ Secondary Phone _____

Email address (for YMCA Newsletter) _____

Emergency Contact _____ Phone _____

Additional Family Member (s) _____ Age _____

The Lincoln Area YMCA has my permission to use pictures of me and/or my child in advertising and information packages. *Failure to circle either choice automatically provides authorization.*

Yes No

RELEASE OF LIABILITY

I hereby release the Lincoln Area YMCA and 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.

Parent/Guardian Signature _____ Date _____

Please list below any limitations or medical information, which will help us provide care.

Allergies/Medications/Physical Limitations: _____

Preferred Physician/Phone: _____

Insurance Company /Group Number: _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

If I/my child, should become ill or injured at any Lincoln Area YMCA program and/or activity, I understand that the staff/volunteers will (1) try to contact parent immediately (2) 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 contact my/a physician and/or arrange for immediate emergency treatment. The physician and/or medical facility are authorized to administer emergency medical treatment necessary to ensure the necessary health and safety .

Parent/Guardian Signature _____ Date _____

Number of Participants for Event:

___ 5K Run	\$17
___ 1 Mile Run/Walk	\$12
___ Family (3+)	\$40
___ Team (15 max.)	\$125

Add \$3 day of Race

TOTAL DUE: _____

T-Shirt Size: S M L XL

First 50 individual/family/team registrants receive shirts. (1 per individual/ 1 per family/ 1 per team)

5K Run Categories (Write in total)

___ 14 & under	___ 40-44
___ 15-19	___ 45-49
___ 20-24	___ 50-54
___ 25-29	___ 55-59
___ 30-34	___ 60 & over
___ 35-39	

(Participants 18+ must fill out their own form)

Check # _____ Receipt # _____

Cash: _____

Credit Card # _____ Exp. Date: _____

Amount Paid: _____

Staff Initial: _____