

# PURPOSE

Proceeds from the Harvest Run go to the Harvest of Talents to fight world hunger.



# AWARDS

Medals will be given to the overall winner, plus top male and top female in each 5K age division.

**Early Registrations must be received by Thursday, October 26th.**

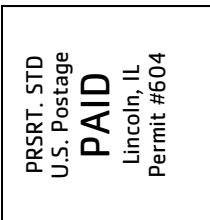
Mailed Forms Must Be Postmarked by Tuesday, Oct. 24

**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 visit [www.lincolnymca.org](http://www.lincolnymca.org)



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



Independent Order of Odd Fellows



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# LINCOLN AREA Y



# Harvest Run

**5K Run & 1 Mile Fun Run/Walk**

Saturday, October 28, 2017  
8:45 am

Corner of Pekin and Hamilton streets

**SPONSORED BY:**

Elkhart Grain Co. • Lincoln Area YMCA  
Guzzardo's Italian Villa • Red Oak Financial

217.735.3915  
[www.lincolnymca.org](http://www.lincolnymca.org)

# HARVEST RUN 2017

## Early Registration

Early registrations will be taken at the YMCA office. Early registrations must be received by **Thursday, October 26th** during office hours (8:30am-5pm) to avoid a fee increase of \$5.

**MAILED FORMS MUST BE POSTMARKED BY MON. OCT 24**

5K	\$20
1 Mile Fun Run/Walk	\$15
Family Rate (3+)	\$45
Team Rate (12 max.)	\$130

### ADD \$5 after Deadline

Registration Forms are available at the Y office or online at [www.lincolnymca.org](http://www.lincolnymca.org).

**Race Day registration is 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 8:45 a.m. on Hamilton St. near the Logan County Safety Complex. Race day registrations accepted 7:45—8:15 a.m.
- Snacks and bottled water are provided.
- Long sleeve Shirts will be given to the first 50 individual/family/team registrants. (One t-shirt per individual /one t-shirt per family /one t-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 for 5K run race!

**Fees are non-refundable & non-transferable.**

# HARVEST RUN 2017 Individual/ Family/ Team Entry

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 health and safety.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Number of Participants for Event:

___ 5K Run	\$20
___ 1 Mile Run/Walk	\$15
___ Family (3+)	\$45
___ Team (12 max.)	\$130
___ Add \$5 after October 26th deadline	

**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 (check or # of people in each category)

___ 14 & under	___ 45-49
___ 15-19	___ 50-54
___ 20-24	___ 55-59
___ 25-29	___ 60-64
___ 30-34	___ 65-69
___ 35-39	___ 70-74
___ 40-44	___ 75 & over

Check # \_\_\_\_\_ Receipt # \_\_\_\_\_

Cash: \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Staff Initial: \_\_\_\_\_ Date: \_\_\_\_\_