

# Kewpee Racing Series 4 Race Entry Form

Use This Form to for entry to all events

- 4 Mile:** Tuesday, May 31<sup>st</sup>, 2016 @ 7:00 PM
- 5K :** Tuesday, June 21<sup>st</sup>, 2016 @ 7:00 PM
- Triathlon:** Sunday, July 31<sup>st</sup>, 2016 @ 8:00 AM
- 10K :** Sunday, November 6<sup>th</sup>, 2016 @ 2:00 PM

The Triathlon is held at the Ottawa Metro Park just east Lima on SR 81

The 5K, 4M, & 10K races are all held on the Lima Y located at 345 S Elizabeth St.

Cost for entry is \$60 for Lima YMCA Members and \$75 for non-Lima YMCA members. The entry fee includes shirts or decal for all events.

This form must be received by May 22<sup>nd</sup>, 2016



Single race forms at:

<http://ohioroadraces.net/> or <http://limaymca.net/>

**2016 Kewpee/Lima Family YMCA Race Series Form**

**Lima Y Member: yes / no**

Age on May 31<sup>st</sup> \_\_\_\_\_

Age on July 31<sup>st</sup> \_\_\_\_\_

Age on June 21<sup>st</sup> \_\_\_\_\_

Age on November 6<sup>th</sup> \_\_\_\_\_

I am entering the (circle one):    Triathlon    Duathlon

Please print: **(you must also sign waiver below)**

Name: \_\_\_\_\_ M or F    Phone (    ) \_\_\_\_\_

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Contact Phone (\_\_\_\_) \_\_\_\_\_

T-shirts size (please circle):    S            M            L            XL            XXL (All adult sizes)

**Event Waiver Release:**

In consideration of the acceptance of my entry, I for myself, my executors, and assignees, do hereby release and discharge the Lima Family YMCA, Lima Run and Jog Club, Johnny Appleseed Metropolitan Park District, REACT, ACERT, HCF Inc, The Kewpee, Inc., and any other sponsor and sanctioning body for all claims to damages, demands, actions, whatsoever in any manner arising or growing out of my participation in said athletic events. I fully understand that no medical expense coverage is provided by the sponsors and that any medical expense incurred must be covered by my own insurance policy. I also give permission for first aid. I further attest that I am physically fit and sufficiently trained for competition in all three events of the triathlon/duathlon. I also attest that I am physically fit and sufficiently trained for the 5K, 4M, & 10K races.

Signature of Participant \_\_\_\_\_

Signature of Parent / Guardian \_\_\_\_\_  
**(required if participant is under 18 years of age)**

**Please mail entry fees and registration to:**

**Lima Family YMCA  
c/o Race Director  
345 S. Elizabeth St.  
Lima, OH 45801**

Questions? E-mail [limaymcaracing@hotmail.com](mailto:limaymcaracing@hotmail.com) or call 419-233-5487

Staff Use Only: Lima YMCA Membership Number \_\_\_\_\_