



Rescheduled Herb Jay River Run 5K July, 18th at 7:00 PM

COURSE: The course will start and finish at the Lima Family YMCA at 345 South Elizabeth Street. The race will be run on Elizabeth Street and the river walk. Registration begins at 6:00 PM

ENTRY FEES: No refunds on registrations. Those registered by 05/10 are guaranteed shirts. You may call in credit card information to the front desk at the YMCA (419-223-6045), you will still need to bring a signed waiver to the race. You may bring a canned food item for the local food banks.

Lima YMCA Members \$5 & Nonmembers \$10 by July 15th
(Shirts were already printed and we do have 10-15 extra)
\$20 with shirt (if available) or \$10 without shirt on race day
We have carried registrations over from the May date

PRIZES: Awards to the top three male and female overall finishers. Medals will be awarded to the top three male and female finishers in each age group. There will be no duplication of awards.

AGE GROUPS: 5-9, 10-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50+.
Refreshments will be available after the race for all competitors.
Race results will be posted online at www.limaymca.net & <http://ohioroadraces.net/>

Make Checks Payable to **Lima Family YMCA** and send to:

Race Director
Lima Family YMCA
345 S Elizabeth St
Lima, OH 45801
419-233-5487
limaymcaracing@hotmail.com

PLEASE PRINT AND DETACH BELOW—5K Lima YMCA Member Yes No

Name: _____ Sex: _____ Date of Birth: _____

Street: _____ City & State: _____ Zip: _____

Phone: (____) _____ Email: _____

T-Shirt Size: YS YM YL AS M L XL XXL Amount Enclosed: _____

Emergency Contact: _____ Phone: (____) _____

I hereby for myself and my executors release the YMCA, race staff, ACERT, City of Lima, and sponsors of the race from all claims of injury, damage, and courses of action whatsoever growing out of my participation in the event. I hereby certify that I am physically fit to participate in the race and that I am aware of the possible hazards of running in this event.

Signature: _____ Date: _____

Parent's Signature if Under 18: _____

Staff Use Only: YMCA Member Number _____

