



**Kewpee/Y 4M Race**  
**Part of the Kewpee Racing Series**  
**May 31<sup>st</sup>, 2016 at 7:00 PM**

**COURSE:** The course will start and finish at the Lima Family YMCA at 345 South Elizabeth Street. The races will be run on mostly on the river walk.

**INFO:** Race Day Registration begins at 6:00 PM

**ENTRY FEES:** No refunds on registrations. Those registered by 05/22 are guaranteed decals. 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.

Entry Fees—Lima YMCA Members \$5 & Nonmembers \$10 by May 22<sup>nd</sup>  
 Decals available for \$4 by May 22<sup>nd</sup>  
 \$15 with decal (if available) or \$10 without decal race day

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

**AGE GROUPS:** 14 & Under, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60+  
 Race results will be posted online at <http://limaymca.net/> and <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 or [limaymcaracing@hotmail.com](mailto:limaymcaracing@hotmail.com)  
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PLEASE PRINT AND DETACH BELOW—4M                      Lima YMCA Member: Yes   No

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_ Age on race day: \_\_\_\_\_

Street: \_\_\_\_\_ City & State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

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

Decal: Yes   No                      Amount Enclosed: \_\_\_\_\_

I hereby for myself and my executors release the YMCA, race staff, ACERT, City of Lima, Kewpee Inc, and all other sponsors/contributors 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 not limited to but including contact with other runners, cold weather, high heat and humidity, falls, and sprains.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature if Under 18: \_\_\_\_\_

**Staff Use Only: YMCA Member Number** \_\_\_\_\_