



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# OBSERVE HONOR REMEMBER

## Memorial 5 RUN/WALK CENTRAL YMCA

**Date:** May 27, 2017  
**Time:** 8:30 AM Kids Race **RACE IS FREE WITH NO SHIRT OR \$10 WITH SHIRT**  
9:00 AM Five Mile Race

**Entry Fee:** \$18 for YMCA Members \$20 Non-Members  
ALL ENTRIES RECEIVED AND PAID BY MAY 17th WILL BE GUARANTEED A SHIRT  
\$25 All Race Day Registrations

Race Day Registration/Packet Pick Up: from 7:00 to 8:30 AM Day of Race

**Course:** Race begins at the Youngstown YMCA into Mill Creek Park, around Lake Glacier & back to the YMCA

**Race APPS:** Available at Youngstown Central & Davis YMCA's and Second Sole  
Youngstown YMCA Memorial 5  
17 N. Champion St.  
Youngstown OH 44501  
Attn: Beth Murray  
Make checks payable to the YMCA of Youngstown

**Cost Includes:  
Race Shirt and Picnic  
Following the Run**

Contact Beth Murray at 330-744-8411 for more information

### PLEASE FILL OUT COMPLETELY

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

5 Mile Run \_\_\_ 5 Mile Walk \_\_\_ 1/2 Mile Kids Events \_\_\_ Male \_\_\_ Female \_\_\_

(Must Fill Out) Adult Shirt Size: S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ XXL \_\_\_ XXXL \_\_\_ Youth Size: S \_\_\_ M \_\_\_ L \_\_\_

**THE FINE PRINT:**

In consideration of accepting this entry, I, the undersigned, intending to be legally bound for myself, my executors, and administrators, waive and release any and all claims for personal injuries, losses, and damages from participation in this event which I may have against the Youngstown YMCA, their members, volunteers, and sponsors, the Mill Creek Metropolitan Park District, its Board of Park Commissioners, and Park District employees, and the City of Youngstown. I attest that I am physically fit and trained sufficiently for completion of this event. My physical condition has been verified by a licensed medical doctor. Furthermore, I hereby grant full permission to any and all foregoing to use photographs, videotapes, recordings, and other records of this event. Refunds or transfers will not be given for any reason. No Rain Date. Race will be held rain or shine.

Signature \_\_\_\_\_ (Parent's if under 18) Date \_\_\_\_\_

Date \_\_\_\_\_ Amount \_\_\_\_\_ Receipt # \_\_\_\_\_ Check # \_\_\_\_\_ MC \_\_\_ VISA \_\_\_ Cash \_\_\_ init. \_\_\_\_\_ 0205-1311