

6th Annual Southwest MN Road Race Marshall – MN

Saturday, August 7th at the
Marshall Area YMCA
(200 South A Street – Marshall, MN 56258)
8:00am race time

**Family Fun Run ♦ 5K
10K ♦ 1/2 Marathon**

****T-shirts for all participants****

Registration form on back!!
Or visit
www.marshallareaymca.org to
register online!



For more information contact:
Jillian Anderson
Wellness Director
507-532-9622



6th Annual Southwest MN Road Race

Registration Dates

April 6 –August 7

(To guarantee t-shirt size register by July 25)

Event Time

August 7th at 8:00 am

Distance

Half Marathon Race _____

10k Race _____

5k Race _____

Fees (until July 25)

Y Members: \$15/person

Non-members: \$20/person

(\$5.00 discount for participants doing the 5K race)

Fees (after July 25)

Y Members: \$20/person

Non-members: \$25/person

Family Fun Run (1 mile) _____

Y Members: \$5/family member

Y Members: \$8/family member

Non-members: \$8/family member

Non-Members: \$12/family member

(Please have each family member fill out a registration form and T-shirt size!)

Shirt Size: S_____ M_____ L_____ XL_____ XXL_____

I understand and agree that the Marshall Area YMCA assumes no responsibility for injuries or illness which I, or my children or children of which I am legal guardian (collectively, "Children"), may sustain as a result of our physical condition or resulting from participation in any activity, program, use of facility or use of equipment of the Marshall Area YMCA. I expressly acknowledge on behalf of myself and my heirs as well on behalf of my Children and their heirs that I assume the risk of any and all injuries and illness which may result from my and my Children's participation in any activity, program, use of facility or use of equipment of the Marshall Area YMCA. I hereby release and discharge the Marshall Area YMCA, their directors, officers, agents, servants, employees, and any others acting upon their behalf from any and all responsibility or liability for any injury, illness, death, loss, claim, or damage which my Children or I may suffer as a result of participation in any activity, program, use of facility or use of equipment.

Signature: _____ Date: _____

Print Name: _____



*** This information must be filled out to participate in any event sponsored by the Marshall Area YMCA.**
(Do not fill this information out if you are a member of the Marshall Area YMCA)

Participant Name: _____ Birth Date: _____
Last First MI

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Email Address: _____

Emergency Contact: _____ Relationship: _____ Phone: _____