

# DIRECTIONS

## Directions to Camp Arrowhead

**From I-80:** Take Exit 237 at Lexington, NE. Travel North on Hwy 283 for 1 mile to second stop light at W. Prospect Road. Turn Left (west) on Prospect and travel 2½ miles to "T" in road - Road 431. Turn south (left) on Road 431 and follow road over I-80 to "T." Turn right and then take an immediate left. Follow the road into camp gate.

**From Hwy 30:** Turn south at Road 431 and travel 2½ miles to camp.

**Camp Address:**  
75352 Rd 431  
Lexington, NE 68850



**FOR YOUTH DEVELOPMENT®**  
**FOR HEALTHY LIVING**  
**FOR SOCIAL RESPONSIBILITY**

**ORTHMAN COMMUNITY YMCA**  
1207 North Grant  
Lexington, NE 68850  
[www.orthmanymca.org](http://www.orthmanymca.org)



# SWIM BIKE RUN

**Mini Sprint Triathlon**  
**SATURDAY, JULY 30, 9 AM**  
**Camp Arrowhead**



**ORTHMAN COMMUNITY YMCA**  
1207 N. Grant | Lexington  
308-324-1970 | [www.orthmanymca.org](http://www.orthmanymca.org)

## RACE DESCRIPTION

If you've been considering competing in a triathlon, this is the perfect opportunity to "tri." Discover your potential in this mini sprint triathlon at the beautiful Camp Arrowhead south of Lexington. It's a mini sprint, so the distances are manageable yet challenging for many fitness levels.

**1/4 Mile Swim**

**6.2 Mile Bike**

**1.5 Mile Run**

## FEES

### Early Registration:

Before July 15

Fee: \$25 (includes T-shirt)

\$20 each additional family member

### Late Registration:

After July 15

Fee: \$35 (no T-shirt)

## REGISTRATION

Name \_\_\_\_\_

Phone No. \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Email \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_

T-shirt YS YM YL AS AM AL AXL AXXL

### Additional Family Member

Name \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_

T-shirt YS YM YL AS AM AL AXL AXXL

Name \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_

T-shirt YS YM YL AS AM AL AXL AXXL

## PAYMENT

### Please make checks payable to:

Orthman Community YMCA

1207 North Grant, Lexington, NE 68850

### Charge Options:

Card Type \_\_\_\_\_

Card # \_\_\_\_\_

Exp date \_\_\_\_\_

V Code \_\_\_\_\_

Date \_\_\_\_\_ Amount \_\_\_\_\_

**For more information, contact:** Terri Burch

(308) 324-1970 [tburch@orthmanyymca.org](mailto:tburch@orthmanyymca.org)

## WAIVER

All participants must read and sign. Please read carefully before signing acknowledgment, waiver and release from liability. I ASSUME THE RISKS OF PARTICIPATION IN the ORTHMAN YMCA 5K Walk/Run. I certify that I am physically fit, have sufficiently trained for this event and have not been advised otherwise by a qualified medical person. My signature acknowledges that I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors, and assigns: (a) I agree to abide by the rules of the competition (b) I waive, release, and discharge from any and all claims or liabilities for death, personal injury, property damages of any kind that may arise out of or be related to my participation in or my traveling to and from this event, the following persons or entities: Orthman Community YMCA and its employees, event sponsors, race directors, event producers, volunteers, all states, cities, counties or localities in which the event segments are held, and the officers, directors, employees, representatives, agents, and family members of any of the above for any of the claims or liabilities that I have waived, released or discharged herein; and (d) I indemnify and hold harmless the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions during the event. My signature also grants permission for my likeness to appear in promotional material. I HEREBY AFFIRM THAT I AM NINETEEN (19) YEARS OF AGE or OLDER, I HAVE READ THIS DOCUMENT AND UNDERSTAND ITS CONTENTS. NO RAIN DATE - RAIN OR SHINE. NO REFUNDS.

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Signature (for people under 19, a parent or guardian must sign).

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_