

**All checks payable to
Tri Valley Health System
Send completed entry form and
entry fee to:**

TRI VALLEY HEALTHY LIVING CENTER
ATTN: Christina Houghtelling
1305 Hwy 6 & 34
PO Box 488
Cambridge, NE 69022-0488

308-697-1400



2012 Valley Adventure Race

 -Sponsored by Tri Valley Healthy Living
Center and Ag Valley Coop

**AUGUST 18, 2012
8:00 am**

Cambridge, Nebraska



Valley Adventure Race 2012

August 18, 2012

Cambridge, Nebraska



**Please fill out entry form inside and
return with a \$90 entry fee.**

DEADLINE: AUGUST 8, 2012

2nd Annual Valley Adventure Race

Adventure Racing consists of these main components: biking, running, water obstacles and mystery events. Each team must stay within 50 yards of their teammates to complete the course. The team to obtain all check points and complete the course in the fastest time WINS!!

Two courses will be offered: A short course of approximately 15 miles biking, 3 miles running (or walking) and 8 check points. A long course of approximately 30 miles biking, 5-6 miles running (or walking) and 15 check points.

Any checkpoint not found or skipped will result in a 30 minute add to finish time. Some mystery events will be offered along the course in which time could also be deducted from your finish time.

Three divisions are available: Men's, Women's and Coed.

WHAT YOU NEED:

- 3 people
- 3 mountain bikes, 3 bike helmets, good shoes, 1 cell phone per team in plastic baggie

Optional Needs: hydration packs, sun screen, bug spray, spare bike tubes

CHECK IN:

Check in will be at the Heritage Plaza in Cambridge from 7:15am - 7:45am. T-Shirts will be given to all participants. Rules will be given at 8:00. The Heritage Plaza is located at 1205 Nelson, Cambridge, NE.

MEAL:

A post race meal will be provided from 11:30am until 2:00pm.

AWARDS:

Awards will be given to the top two teams in each division . The award presentation will begin shortly following the completion of all teams.

I assume all risk as a participant in the Valley Adventure Race. I hereby release and forever discharge Tri Valley Health System and Ag Valley Coop as well as their employees and volunteers and other event sponsors from any and all liability if damage to property or injury to person should occur.

Team Member #1 Name & Signature	_____	Team Name	_____
Address	_____	Division	_____
Team Member #2 Name & Signature	_____	Date	_____
Address	_____	Shirt Sizes (indicate # needed for selected sizes)	_____
Team Member #3 Name & Signature	_____		S ___ M ___ L ___ XL ___ XXL ___ XXXL
Address	_____		

Remove this form and mail today or drop it off at Tri Valley Healthy Living Center.