

ENTRY FORM  
LexRock Duathlon  
Saturday, 14 August 2010  
8:00AM 13 years-Adult Duathlon - the Youth Duathlon will follow

13 - Adult	500 yards swim/ 5 K run
9-14 years old	300 yards swim/ 2 K run
8 year & under	100yards swim/ 1 K run

Please print and supply complete information

**Swim Leg:**

Name: \_\_\_\_\_

Street address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

AGE: \_\_\_\_\_ Gender: \_\_\_\_\_ Circle Tshirt size: S, M, L, XL, Youth M

Estimated time to complete swim: \_\_\_\_\_

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

I, the above signed have read and agree to the Waiver. Guardian must sign if entrant is under 18 years of age.

**Run Leg:**

Name: \_\_\_\_\_

Street address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

AGE: \_\_\_\_\_ Gender: \_\_\_\_\_ Circle Tshirt size: S, M, L, XL, Youth M

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

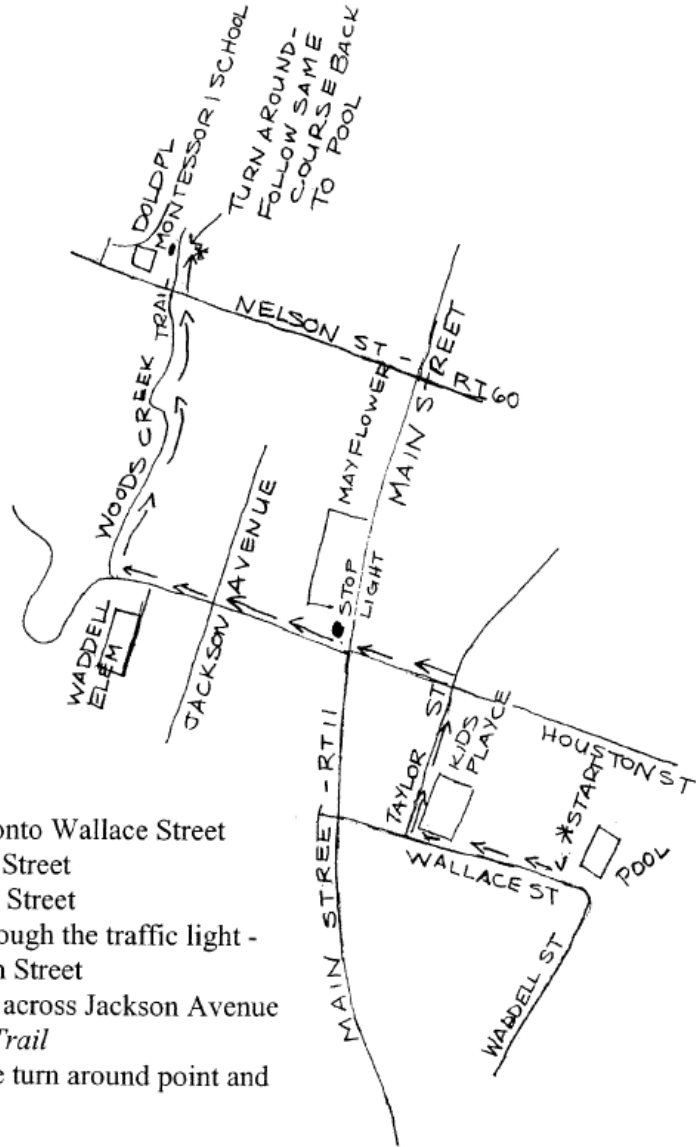
I, the above signed have read and agree to the Waiver. Guardian must sign if entrant is under 18 years of age.

Waiver: In consideration of the acceptance of my entry, I, for myself, my heirs, successors, executors, administrators, distributes and assigns, do hereby release and discharge FOR Swimming, INC, RARO and City of Lexington and all other sponsors, including the trustees, servants, agents, officers, employees, successors and assigns of each, from any and all actions, causes of action, claims and demands for damages of whatever natures, arising out of or in any way connected with my participation in the 2010 LexRock Duathlon. I acknowledge and confirm that I am fully aware of the risks involved in this event and certify that I am physically fit and sufficiently trained to participate. I further certify that I have read the foregoing and have full understanding of its contents.

Team name: \_\_\_\_\_

Fee: \$25 Individual/ \$35 Team through August 4, 2010. \$35 Individual/\$45 Team after August 4. No registrations will be taken the day of the race. Please make checks payable to FOR Swimming. Mail registration to FOR Swimming, P.O. 1552, Lexington, VA 24450 or drop off at Lexington City Pool before 8PM 13 August 2010. For questions, please email [leslie@rockbridgeswims.org](mailto:leslie@rockbridgeswims.org) or call 463-5441.

## LEXROCK DUATHLON COURSE DIRECTIONS



- Leave the pool area onto Wallace Street
- Turn right on Taylor Street
- Turn left on Houston Street
- Continue straight through the traffic light - you will be on Jordan Street
- Follow Jordan Street across Jackson Avenue to the *Woods Creek Trail*
- Follow the trail to the turn around point and backtrack to the pool