

POWDER KEG

SNOWSHOE AND SNOW BIKE RACES
SPONSORED BY EAU CLAIRE BIKE & SPORT

SATURDAY, JANUARY 26, 2013
EAU CLAIRE COUNTY EXPO CENTER
& LOWES CREEK COUNTY PARK

PRESENTED BY THE CHIPPEWA OFF ROAD BIKE ASSOCIATION



SCHEDULE OF EVENTS

8:00 am Registration opens
9:30 am Registration for snowshoers ends
10:00 am 5-mi & 2-mi Snowshoe races begin
11:30 am Kids & Mascots snowshoe sprint
12:00 pm Snowshoe race awards
12:30 pm Registration for bike race ends
1:00 pm Snow Bike race begins
3:30 pm Snow Bike race awards

Fat-Bike Race: A 2-hour lapped relay race wandering the singletrack and ski trails of one of Wisconsin's finest mountain biking trail systems. Teams are encouraged, so those who don't own a fat bike can join in the fun. Riders will switch off between laps. Multiple bikes per team are allowed. Awards will be given in each category to the team/rider who completes the most laps the fastest. Proceeds help develop local singletrack.

For full event details, visit www.chippewaoffroad.org/events/powderkeg
Questions? Contact race director John Ard at jjjard@msn.com

FAT-BIKE RACE ENTRY FEES

	Register by 12/31/12	After 12/31/12 and On-site
Solo	\$15	\$20
2-person Team	\$26 / team	\$36 / team
4-person Team	\$48 / team	\$68 / team

*First 150 Powder Keg entries get a stocking cap.
Fee includes raffle ticket & post-race snacks.*

2013 FAT-BIKE RACE REGISTRATION FORM

Enter online at www.Active.com or complete form & send in with waiver & payment. Must be received by January 21st.

Select Fat-Bike Category: Solo 2-person 4-person

Team Name: _____

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Please leave blank.
Registration use only.

Captain or Solo Rider's Name: _____

Date of Birth: _____ Age on Race Day: _____ Gender: _____

Address: _____ City/State/Zip: _____

Email: _____ Phone: _____

Teammate #2's Name: _____

Date of Birth: _____ Age on Race Day: _____ Gender: _____

Address: _____ City/State/Zip: _____

Email: _____ Phone: _____

Teammate #3's Name: _____

Date of Birth: _____ Age on Race Day: _____ Gender: _____

Address: _____ City/State/Zip: _____

Email: _____ Phone: _____

Teammate #4's Name: _____

Date of Birth: _____ Age on Race Day: _____ Gender: _____

Address: _____ City/State/Zip: _____

Email: _____ Phone: _____

The Powder Keg "Trail Blazers" Traveling Trophy will be awarded to the school that has the most participants sign up to race.

If you are a student, parent or staff member of a local school, list the school's name here: _____

Please make checks payable to "CORBA" and send to: CORBA, 4869 Shellamie Dr., Eau Claire, WI 54701

Sorry, no refunds. We reserve the right to modify or cancel the race in the case of extreme weather conditions.
All racers must sign a liability waiver. Minors under the age of 18 will need a waiver signed by their parent/guardian.
Fat-bikes only. Both front and rear tires must be at least 3.5" wide to be allowed on the course.

Eau Claire Bike & Sport Powder Keg Liability Waiver

I acknowledge that this athletic event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of athletes, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to athletics, but are also present for volunteers. I hereby assume all of the risks of participating &/or volunteering in this event. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, leased, maintained or controlled by them or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently trained for participation in the event and have not been advised otherwise by a qualified medical person. I acknowledge that the Accident Waiver and Release of Liability form will be used by the event holders, sponsors and organizers of the event in which I may participate, and that it will govern my actions and responsibilities at said events. In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter occur to me including my traveling to and from this event, **THE FOLLOWING ENTITIES OR PERSONS:** Chippewa Off Road Bike Association, Eau Claire County, Eau Claire Exposition Center, their directors, officers, employees, volunteers, representatives, and agents, the event holders, event sponsors, event volunteers; (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this event, whether caused by the negligence of releases or otherwise. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident and/ or illness during this event. I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and assigns. The Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I hereby certify that I have read this document; and, I understand its content.

PARENT / GUARDIAN WAIVER FOR MINORS (Under 18 years old) The undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

PRINT NAME: _____

SIGNATURE: _____ Date: _____

(If under 18 years old, parent or guardian must also sign)

PARENT/GUARDIAN SIGNATURE: _____ Date: _____