



Kirke Vei Time Trial



11th Annual

Stoughton, Wisconsin
Saturday August 15, 2015



Part of the Mid America Time Trial Series

MATT'S overall season prizes and ROTY points

Grassroots Racing since 1995

ABR Permitted Event

ABR RACE CATEGORIES:

Recumbent & Tandem, Juniors 10-14, Juniors 15-18, Men & Women Cat. 1/2, 3, and 4/5

Men & Women 19-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75-79, 80-84, 85+.

WISPORT RACE CATEGORIES:

Girls 13U, 14-19, **Women** 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75-79, 80+

Boys 13U, 14-19, **Men** 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75-79, 80+
Stock bike, Fixed gear

START/FINISH: Cottage Grove, WI at West Koshkonong Lutheran Church, located at Koshkonong and Church Roads near Cottage Grove. Directions: From I39/I90, approximately 5 miles south of Madison, take the Highway N exit and proceed south approximately one mile to Koshkonong Road. Turn left on Koshkonong Road and proceed approximately two miles. The church will be on your right.

COURSE: This is a technically challenging and hilly course that will test your management of power output over the entire 20K distance. See our web site at www.MadCityVelo.com for a more detailed description, a course map, and online registration instructions.

AWARDS: **ABR** medals awarded five (5) deep in all classes. **Wisport** medals awarded three (3) deep in all classes.

MATT'S: Points will be awarded toward 2015 MATT'S point series and overall series awards.

REGISTRATION: On-line registration at: <https://www.truesport.com/matts/>. To register by mail: Send ABR release form or form below and entry fee made out to MadCity Velo Club to: Sal Troia, 2968 Woods Edge Way, Madison, WI, 53711. On-site registration opens at 8:00 am and closes at 10:30.

ENTRY FEE: Pre-registration all categories: \$25 until August 12, \$30 thereafter, \$10 for 2nd race. Everyone has a chance for door prizes. **NEW:** Riders wishing to race ABR and Wisport **MUST RACE TWICE**. *ABR membership for ABR categories required: Annual license \$25; Juniors < 19 Annual license \$10; One day license \$5

Starting order: 9:30 am Start. One-minute intervals. Starts based on order of registration.

QUESTIONS: Sal Troia
bicycleracer@tds.net
608-345-1550 (cell)

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 collisions and falls, 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 and/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, 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 this Accident Waiver and Release of Liability (AWRL) will be used by the event holders, sponsors and organizers, and that it will govern my actions and responsibilities.

In consideration of my application and permitting me to participate in this event, I hereby: (A) Assume all risks associated with my participation; and (B) Waive, Release and Discharge the American Bicycle Racing, Inc. and each of their directors, officers, employees, volunteers, representatives, committee members, members, and agents, and the event holders, event sponsors, event directors, event volunteers; and any other party, municipalities or other public entities connected with this event, from any and all liability for my death, disability, personal injury, property damage, or loss, or injury, or actions of any kind which may hereafter accrue to me due to my participation in this event, for myself, my executors, administrators, heirs, next of kin, successors, and assigns; and (C) Agree to indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made due to my participation in this event, including my travel to and from the event.

I hereby consent to receive and be financially responsible for medical treatment, which may be deemed advisable in the event of my injury, accident and or illness.

I understand that at this event or related activities, my image may be captured and allow photo, video or film images to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and or assigns.

This document 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.

Signature of entrant _____

Date _____

Race Class Entered (age and/or category) _____

Name of event _____

Date of event _____

Name, printed _____

ABR Member number _____ Wisport ID# _____

Your address _____

City, State & Zip _____

Your Phone Number _____

Email Address _____

Call in case of emergency _____

Phone _____

Racing Club / Sponsor _____ (if none enter "unattached")

PARENT GUARDIAN WAIVER FOR MINORS (Under 18 Years Old)

The undersigned parent and natural guardian or legal 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.

Signature of Parent or Guardian _____ Date _____