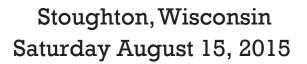




## Kirke Vei Time Trial







## Part of the Mid America Time Trial Series

MATTS 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.

**MATTS:** Points will be awarded toward 2015 MATTS point series and overal 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 memberhsip 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 registation.

**QUESTIONS:** Sal Troia

bicycleracer@tds.net 608-345-1550 (cell)

2015 Liability	Informed and	Consent, Assumption Entry 1/15	of	Risk,	Waiver	and	Release	of	Check one: ABR Entry: WISPORT Entry:
acknov	wledge t	hat this athletic ever	nt is a	n extrer	ne test of	a pers	on's <del>phys</del> i	ical 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.	ed broadly to provide a release and w	arver to the maximum extent permissione unde
* *	this document; and, I understand its	content.
•	and document, und, I understand no	
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")
	R FOR MINORS (Under 18 Years O	•
<b>C</b> 1		hereby represent that he/she is, in fact, acting
in such capacity and agrees to sa	ave and hold harmless and indemnify	y each and all of the parties referred to above
from all liability, loss, cost, claim	n or damage whatsoever which may l	be imposed upon said parties because of any
defect in or lack of such capacity	y to so act and release said parties on	behalf of the minor and the parents or legal
guardian.		

Signature of Parent or Guardian