



Grassroots Racing since 1995

Kirke Vei TT

Saturday September 8, 2012
Stoughton, Wisconsin



ABR Permitted Event

Part of the Mid-American Time Trial Series
MATTs overall season prizes and ROTY points

AGE GROUP CATEGORIES:

Girls 10-15, 16-19 **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 10-15, 16-19 **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+

ABILITY CATEGORIES:

Men 1/2/3 & 4/5

Women 123 & 4/5

SPECIALIZED CATEGORIES:

Fixed Gear/Single Speed - ABR License not required

Stock Bike - ABR License not required

ABR - Tandem

ABR - Recumbent

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.

West Koshkonong's Norwegian Fish Boil: 1911 Koshkonong Road, Stoughton

Friday, September 7, 2012 Tickets available for 4:30pm 5:30pm and 6:30 serving times until sold out, please call ahead to purchase and reserve tickets. Ticket prices are yet to be set but last year were \$12 for adults, \$5 ages 6-12 and 5 & under free. Call church office (608) 873-9456 in August for updated prices.

Menu: Fish ~ Red potatoes ~ Carrots ~ Onions ~ Cole Slaw ~ Rolls ~ Lefse ~ Norwegian Goodies ~ Coffee ~ Milk

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.

MATTs: Points will be awarded toward 2012 MATTs point series and overall series awards.

Cat 5 racers will be awarded separate medals but earn MATTs points in the Cat 4/5 category based upon combined times.

REGISTRATION: On-line registration at: www.BikeReg.com. To register by mail: Send ABR release form or form below and entry fee to: Chris Larson 701 McFarlane Rd. Apt. #1 Portage WI, 53901
On-site registration opens at 8:00 am and closes at 10:30.

ENTRY FEE: Pre-registration all categories: \$25 until September 5th, \$30 thereafter. Everyone has a chance for door prizes. Family Discount: Entry fee for third (fourth, etc.) family member is only \$15 each.

*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: Email: DougBach-Douglas.j.Bach@Gmail.com-608 335-8042 or
ChrisLarson-FourLarsons@Sbcglobal.net-608 770-6473

Entry, Accident Waiver and Release of Liability 7/11 ABR Entry: _____

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 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) form will be used by the event holders, sponsors and organizers, 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 accrue to me or my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: American Bicycle Racing, Inc., Mad City Velo, Dane County, Wisconsin, including all departments, Wisport, their directors, officers, employees, volunteers, representatives, committee members, members, and agents, the event holders, event sponsors, event directors, event volunteers; and any and any other party, municipalities or other public entities connected with this event; (B) indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of any of my actions during this event, arising out of my travels to or returning from this event.

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 or assigns.

This AWRL 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 it's content.

Signature of entrant _____ Today's date _____

Name of event _____ Date of event _____

Name, printed _____ ABR Member number _____

Your address _____ City, State & Zip _____

Your Phone Number _____ Email Address _____

Call in case of emergency _____ Phone _____

Ability Category entered _____ **OR** Age Group entered _____ your age _____

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 _____