



# BREAKING AWAY FROM DOMESTIC VIOLENCE

July 16th, 2023 | Platteville, WI

---- BICYCLE RACE & 5K RUN ----

Platteville Family Resource Center is proud to present the Second annual "Breaking Away From Domestic Violence" Bicycle Race & 5K Run through the beautiful hills of Southwest Wisconsin.

In partnership with WiSport, this is a 50 mile race with awards provided for registered race participants. The 5K run will be along the Rountree Branch Trail. For family fun, there will be a recreational ride around Mound View Park to raise awareness.

Please join us after the ride for other fun family activities at the Mound View Park including live music, face painting, food and more!

## BICYCLE RACE REGISTRATION

Please complete one form per racer/rider.

Online registration is available at:  
FAMILYADV.ORG

All proceeds will benefit the local  
domestic violence shelter.

☐ Racer Registering before June 16 - \$35

☐ Racer Registering AFTER June 16 - \$40

Racer Registering Day of Event will be - \$45

☐ Time Trial Registering before June 16 - \$35

☐ Time Trial Registering AFTER June 16 - \$40

Time Trial Registering Day of Event will be - \$45

## FAMILY AND 5K RUN REGISTRATION

☐ Adult Recreational Rider - \$10

☐ Child 11 and Up - by donation \$ \_\_\_\_\_

☐ Child 10 and under Free

☐ 5K Runner - before June 16 - \$35

☐ 5K Runner - after June 16 - \$40

5K Runner - Day of Event will be - \$45

Name \_\_\_\_\_

Enclosed: \$ \_\_\_\_\_ Total

Address \_\_\_\_\_

CC Payment Information:

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

Age on Race Day \_\_\_\_\_ Date of Birth \_\_\_\_\_

CC Number \_\_\_\_\_

Are you a WiSport Member: YES NO If Yes ID # \_\_\_\_\_

Expiration \_\_\_\_\_ CVV \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

All Race Registrations received before June 16 will receive a free T-shirt:

\_\_\_ Small \_\_\_ Medium \_\_\_ Large \_\_\_ XLarge \_\_\_ 2X

By signing this form, I acknowledge I plan to participate in the above event; I hereby waive, release, and dismiss all claims from damages and personal injury which I may incur before, during or after the above named event against any and all race officials involved with this event, including all persons and organizations any way involved with this event. I further certify that I am physically fit to participate.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent, if under 18 \_\_\_\_\_ Date \_\_\_\_\_

QUESTIONS - CONTACT SARAH OSTWINKLE | PHONE: 608-348-4060  
MAIL FORM TO: FAMILY ADVOCATES | P.O. Box 705, 250 N COURT STREET | PLATTEVILLE, WI 53818