

**WISPORT**

**SUPERIOR CHALLENGE**

**BIKE RACE**

A loop race outside of Superior, WI, on the county roads around South Range and the Village of Oakland!

A short distance of 17 miles (one loop) for those less experienced or less ambitious, and a longer 2-lap, 34 mile race for the “fast and furious” (or at least aspiring) crowd!

Hosted by Wisport and part of the Tamarack Health Cycling Cup Series.

June 15, 2024

South Range, WI

**DAY-OF RACE REGISTRATION: South Range or Oakland area, outside Superior, WI (still waiting on Cty authorities…)**

**COST [no extra day-of costs!]:**

**$40 per rider**

**$15 for all juniors, per race (under 18; College ID if 18+, please)**

**Awards for 1st place overall Male & Female; 1st- 3rd place given for age groups in 5-year increments (e.g.: 20-24, 25-29, etc.)**

**Hosted by Wisport and Sponsored by Tamarack Health**

**www.wisport.net**

**Registration available online at MidwestEvents.com**

**WISPORT SUPERIOR CHALLENGE BIKE RACE REGISTRATION FORM**

**Make Check payable to WISPORT (or ANDREA POTYONDY-SMITH)**

**Send to: 910 West Bigelow St. Washburn, WI 54891**

**Phone: 763-639-5126 or 763-898-6065 (RJ) Email:** **adurene@hotmail.com**

**Last Name First Name Phone Number**

**Address City State Zip Code**

**Age:\_\_\_\_\_\_ DOB (mm/dd/yy):\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender (M/F):\_\_\_\_\_\_\_\_**

**Are you a WiSport Member? (circle one) YES NO If Yes, ID #:\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_RR ($40 adult) \_\_\_\_ Junior ($15; college ID, please if 18+)**

**WAIVER:** By signing this form, I acknowledge I plan to participate in the Wisport Superior Challenge Bike Race and Tour; I thereby waive, release, and dismiss all claims from damages and personal injury which I may incur before, during, or after the above named event(s) against any and all race officials involved with this event(s), including all persons and organizations any way involved with this event(s). I also hold harmless Douglas, WI, and the townships of South Range and Oakland, WI, including all their departments and officers. I further certify that I am physically fit to participate in the Washburn Wisport Superior Challenge Classic Race and Tour.

**Signature of Participant Date**

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**Signature of Parent, if under 18 Date**