

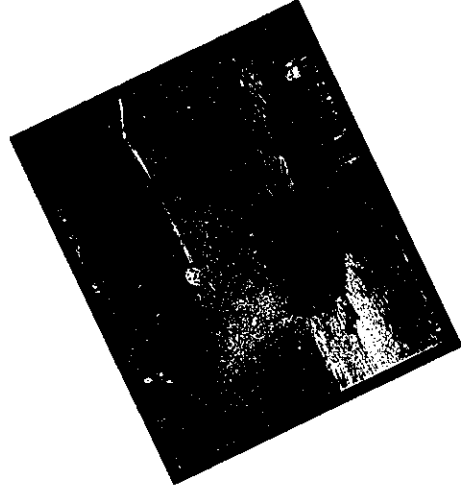
Sponsored by:
 Ashland Parks & Recreation
 Bay City Cycles
 Ashland Chamber of Commerce
 Heart Graphics
 Ideal Market and The Rivers Eatery
 Chequamegon Food Cooperative
 Maple Hill Farm



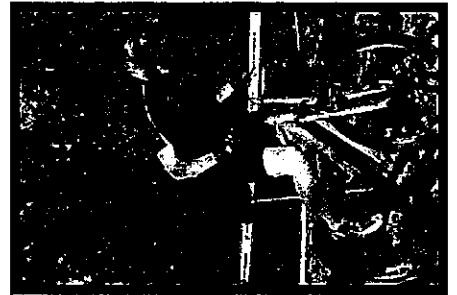
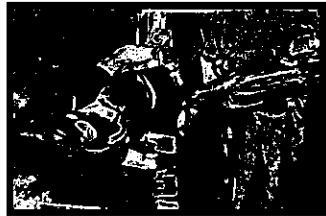
Bay Days
 Ashland, Wisconsin



2011 MudRutter's Off-Road Bike Race



**Kids Bike Race :
 1 km "On & Off" Trail Race**



Ashland Parks and Recreation
 Bretting Community Center
 400 4th Ave W
 Ashland, WI 54806
 715 682 7059



Bay Days 2011

MudRutter's Off Road Bike Race

The Bay Days MudRutter's Off-Road Bike race is a 10 mile bike race, compromised of varied terrain in and near Ashland, Wisconsin.

Date: Saturday, July 16, 2011

Registration: 8:30-9:30 am @ Prentice Park

Race Start: 10am @ Prentice Park

Race Finish: Bretting Community Center

Award Ceremony: Noon @ the Bretting Community Center

Race Fee: Individual = \$20 until July 5th, \$25 after July 5th.

Family = \$40 until July 5, \$50 after July 5

Each Participant (if registered before July 3th) will receive a commemorative T-shirt!

Participants under 18 years of age must have parent's signed consent and

Participants 12 & under must be accompanied by an adult *throughout* the race.

Approved helmets are required.

Register early!

KIDS RACE - This on and off trail race is for training and two wheel riders.

Date: Saturday July 16.

Start Time: 11:30.

Start and Finish: Bretting Community Center

Cost: FREE

Ages: 3-8yrs olds

Sponsored by:

Ashland Chamber of Commerce

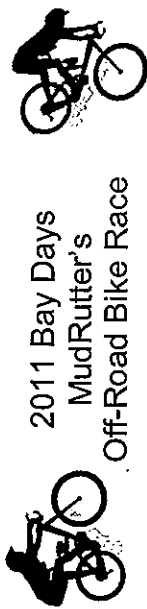
City of Ashland's Parks & Recreation Department

Bay City Cycles

Heart Graphics

Ideal Market and the River's Eatery

Chequamegon Food Cooperative



2011 Bay Days
MudRutter's
Off-Road Bike Race

Please enclose money with registrations, Each family member must fill out a registration.

Name of Participant: _____

(First) _____ (Last) _____ (Middle) _____

Male _____ Female _____ Age (at time of race) _____

T-shirt Size: S M L XL

Address: _____

Street _____ City _____ State _____ Zip Code _____

Phone: _____ (Home) _____ (Cell) _____

Email _____ (survey purposes only!)

In case of emergency please notify: _____

Family Doctor: _____ (Name) _____ (Phone) _____
Phone: _____

Do you have need for reasonable program modifications and/or special accommodations? Yes _____ No _____
If yes, please inform the APR staff at 715.682.7059

Ashland Park and Recreation Department and Ashland Chamber of Commerce is covered by general liability, but does not have or provide medical coverage for participant injuries incurred in the normal course of the activity or event. It is advised and recommended that all participants make arrangements for their own medical coverage.

Participant Waiver of Claim and Indemnity Agreement

I agree to indemnify and hold harmless the City of Ashland and the Ashland Chamber of Commerce, their officers, agents, coaches, director, volunteers, and employees from and against any and all liabilities for any injury which may be suffered by the above participant arising out of or in any way connected with their participation.

Signature _____ Date: _____
(Parent or guardian where applicable)

Please Mail Completed Registrations and Checks made payable to:
Ashland Parks and Recreation
400 4th Ave W
Ashland, WI 54806