



8.20.2016  
MENOMONIE, WISCONSIN  
50K 100K 100MILES  
ELEVATION GAIN OF 8819FT  
WITH OVER 30 CLIMBS...  
CAN YOU CONQUER?  
VISIT US ON FACEBOOK & AT  
WWW.SADISTICCENTURY.COM

## The Sadistic Century

### 100 Mile, 100 K, 50 K Cycling Event

#### WHEN/WHERE

Saturday, August 20, 2016  
Dunn County Recreation Park  
620 17<sup>th</sup> Street, Menomonie WI

#### RACE DAY SCHEDULE

7:00 - 8:00 a.m. Registration and rolling start  
11:00 a.m. First riders return  
11:00 a.m. - 4:00 p.m. Post-ride meal provided

#### RACE DAY

Registration and packet pickup begins at 7:00AM and ends at 8:00AM. Riders can depart any time between 7:00AM and 8:00AM.

Ride support: This ride will be fully supported. Water, Gatorade, fruit, and snacks will be available at 7 food stops for the 100 mile ride, 4 food stops for the 100K ride, and 2 food stops for the 50K ride.

A post-race celebration with food and beer will be held for athletes, their families, and friends at the finish line. All participants will receive a ticket for one free meal and one free beer or soda. Additional meals and beer will be available for purchase on the day of the ride.

The ride course is challenging and hilly. The 100 mile ride has an elevation gain of 8,819 feet. The course will be open to traffic, and participants are expected to obey all traffic signs and signals, and follow the rules of the road. For sample course maps, see our website ([sadisticcentury.com](http://sadisticcentury.com)). Please note that due to factors beyond our control (road construction, pea gravel, etc.), the course is subject to change at any point. Please follow signs on the course.

#### Contact:

Website: [www.sadisticcentury.com](http://www.sadisticcentury.com)  
Email: [sadisticcenturywi@gmail.com](mailto:sadisticcenturywi@gmail.com)  
Mail: PO Box 285. Menomonie, WI 54751  
Phone: 715.309.3010

**Mail entry form and make checks payable to:  
Sadistic Century. PO Box 285. Menomonie, WI 54751**

NAME: \_\_\_\_\_ DATE OF BIRTH (mm/dd/yy): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

CIRCLE ONE: MALE FEMALE

<b>Please circle the entry fee:</b>	<b>Cost</b>
Thru April 1	\$35
April 1-May 30	\$45
June 1-August 17	\$55
August 22 (Race Day)	\$70
T-shirt size (optional): S M L XL XXL	\$15

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

**\*REGISTRATION ON RACE DAY DOES NOT GUARANTEE A T- SHIRT\***

Race Day Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

**By indicating your acceptance, you understand, agree, warrant and covenant as follows:** I hereby waive all claims against the Sadistic Century organizers, volunteers, sponsors or personnel for any injury that I may suffer from my participation in this event. I grant full permission for organizers to use photographs, videotapes, motion pictures, recording or any other record of this event in which I may appear for any legitimate reason.

1. Waiver. YOU UNDERSTAND THAT PARTICIPATION IN THE EVENT IS POTENTIALLY HAZARDOUS, AND THAT A REGISTERED PARTY SHOULD NOT PARTICIPATE UNLESS THEY ARE MEDICALLY ABLE AND PROPERLY TRAINED. YOU UNDERSTAND THAT EVENTS MAY BE HELD OVER PUBLIC ROADS AND FACILITES OPEN TO THE PUBLIC DURING THE EVENT AND UPON WHICH HAZARDS ARE TO BE EXPECTED. PARTICIPATION CARRIES WITH IT CERTAIN INHERENT RISKS THAT CANNOT BE ELIMINATED COMPLETELY RANGING FROM MINOR INJURIES TO CATASTROPHIC INJURIES INCLUDING DEATH. YOU UNDERSTAND AND AGREE THAT IN CONSIDERATION OF BEING PERMITTED TO PARTICIPATE IN THE EVENT, YOU AND ANY REGISTERED PARTY, THE HEIRS, PERSONAL REPRESENTATIVES OR ASSIGNS OF YOU OR THE REGISTERED PARTY DO HEREBY RELEASE, WAIVE, DISCHARGE AND CONVENANT NOT TO SUE TWO WHEEL EVENTS LLC, THE MENOMONIE ROTARY CLUB, THE MENOMONIE SUNRISE ROTARY CLUB, THEIR DIRECTORS, OFFICERS, OR MEMEBERS FOR ANY AND ALL LIABILITY FROM ANY AND ALL CLAIMS ARISING FROM PARTICIPATION IN THE EVENT BY YOU OR ANY REGISTERED PARTY. BY INDICATING YOUR ACCEPTANCE OF THIS AGREEMENT AND WAIVER, YOU ARE AFFIRMING THAT YOU HAVE READ AND UNDERSTAND THIS AGREEMENT AND WAIVER AND FULLY UNDERSTAND ITS TERMS. YOU UNDERSTAND THAT YOU ARE GIVING UP SUBSTANTIAL RIGHTS, INCLUDING THE RIGHT TO SUE. YOU ACKNOWLEDGE THAT YOU ARE SIGNING THE AGREEMENT AND WAIVER FREELY AND VOLUNTARILY, AND INTEND BY YOUR ACCEPTANCE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

\_\_\_\_\_  
Signature Date \_\_\_\_\_

\_\_\_\_\_  
(Parent's Signature If under 18) Date \_\_\_\_\_

THIS IS A NONPROFIT EVENT, AND ALL PROCEEDS WILL BE DONATED TO LOCAL COMMUNITY ORGANIZATIONS AS DETERMINED BY THE BOARD OF DIRECTORS