

# 2016 ABD CYCLE CLUB INDOOR/OUTDOOR TIME TRIAL SERIES

For race information or to register online, go to [www.abdcycling.com](http://www.abdcycling.com)

NAME (last name 1<sup>st</sup>):

ADDRESS:

APT. #:

CITY:

STATE:

ZIP:

PHONE:

EMAIL:

CLUB (if applicable):

(Leave blank if unapplicable)

DATE OF BIRTH:

ABR Lisc #:

(Leave blank if purchasing at event)

ABR sanctioned event, one day & annual licenses can be purchased at the event.

## AGE BASED CATEGORIES

### MEN

☐ Under 15

☐ 15-19

☐ 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+

### WOMEN

☐ Under 15

☐ 15-19

☐ 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 BASED CATEGORIES

### MEN OPEN

☐ 1/2

☐ 3

☐ 4

### WOMEN OPEN

☐ 1/2

☐ 3

☐ 4

## THE FINE PRINT

\* RECUMBENTS MEN & WOMEN – JOHN FRASER EVENT ONLY

## ENTER CATEGORY HERE

### 1<sup>st</sup> Race "PRIMARY CAT"

### 2<sup>nd</sup> Race "SECOND CAT"

RACE  
\*Please Check Date(s)\*

DATE  
(2016)

EVENT  
SITE

<input type="checkbox"/>	TT #1 "Rolling 10k"	Sun. 1/10	Winfield, IL
<input type="checkbox"/>	TT #2 "Downhill 12k"	Sun. 1/31	Winfield, IL
<input type="checkbox"/>	TT #3 "Rolling 10k"	Sun. 2/21	Winfield, IL
<input type="checkbox"/>	TT #4 "Downhill 12k"	Sat. 3/11	Winfield, IL
<input type="checkbox"/>	TT #4 "John Fraser"	Sun. 4/10	Maple Park, IL

## DESIRED START TIME

\*Please Check One in Each Column\*

### 1<sup>st</sup> Choice

### 2<sup>nd</sup> Choice

<input type="checkbox"/>	9:30 or earlier	<input type="checkbox"/>	9:30 or earlier
<input type="checkbox"/>	9:30 to 11:00	<input type="checkbox"/>	9:30 to 11:00
<input type="checkbox"/>	11:00 to 1:00	<input type="checkbox"/>	11:00 to 1:00
<input type="checkbox"/>	1:00 to 2:30	<input type="checkbox"/>	1:00 to 2:30
<input type="checkbox"/>	After 2:30 (if available)	<input type="checkbox"/>	After 2:30 (if available)

## 2<sup>nd</sup> CATEGORY RACERS ONLY

Desired Amount of minutes  
between 2 start times

Min.

Specific Start Time (If younger than 15, please indicate if you'd like to race 5k or 10k)

## FEES

NUMBER OF RACES x \$25 per race (18 and younger \$15)  
add \$5 late fee if postmarked within one week of an event \*\* See Discount Below \*\*

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2<sup>nd</sup> RACES OF DAY x \$15 per race  
\*\*See Discount Below\*\*

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**Series Discount Deal!!** Register **NOW** for all 5 races for just \$110, 18 and younger race all 5 for \$65; Race 2<sup>nd</sup> Category at ALL 5 races **NOW** for \$15 per race (\$75) **TOTAL**

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To register for the 2016 ABD TT Series send completed form along with check or money order payable to:

**ABD Cycle Club, 27W181 Geneva Road, Winfield, IL 60190**

**ENTRIES MUST BE RECEIVED AT LEAST 7 DAYS BEFORE THE EVENT – ANY ENTRIES POSTMARKED WITHIN 7 DAYS OF THE EVENT NEED TO INCLUDE THE \$5 LATE FEE OR IT WILL NOT BE PROCESSED!!!**

# 2016 Accident Waiver and Release of Liability

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 Liability (AWRL) form will be used by 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, 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 of my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: American Bicycle Racing, Inc., Prairie Path Cycles, their employees, volunteers, and representatives, the event holders, event sponsors, event directors, event volunteers; (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.

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 its content.

Signature of entrant: \_\_\_\_\_ ABR member number: \_\_\_\_\_

Name of event: ABD 2016 Indoor Time Trial Series

Date of events: 1/11 Indoor TT #1 2/1 Indoor TT #2 2/22 Indoor TT #3 3/14 Indoor TT #4 4/12 Outdoor JFMTT  
(any event you participate in on the above date(s) is covered by this single waiver)

Name, printed: \_\_\_\_\_

Your address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

Your phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Call in case of emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

Ability Category Entered: \_\_\_\_\_ OR Age Group Entered: \_\_\_\_\_ Racing Age: \_\_\_\_\_

Racing club: \_\_\_\_\_ (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: \_\_\_\_\_