

2016 ABD CYCLE CLUB INDOOR/OUTDOOR TIME TRIAL SERIES

For race information or to register online, go to www.abdcycling.com

NAME (last name 1st):

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

WOMEN

☐ Under 15

☐ Under 15

☐ 15-19

☐ 15-19

☐ 20-24

☐ 20-24

☐ 25-29

☐ 25-29

☐ 30-34

☐ 30-34

☐ 35-39

☐ 35-39

☐ 40-44

☐ 40-44

☐ 45-49

☐ 45-49

☐ 50-54

☐ 50-54

☐ 55-59

☐ 55-59

☐ 60-64

☐ 60-64

☐ 65-69

☐ 65-69

☐ 70-74

☐ 70-74

☐ 75-79

☐ 75-79

☐ 80-84

☐ 80-84

☐ 85-89

☐ 85-89

☐ 90+

☐ 90+

*ABILITY BASED CATEGORIES

MEN OPEN

WOMEN OPEN

☐ 1/2

☐ 1/2

☐ 3

☐ 3

☐ 4

☐ 4

THE FINE PRINT

* RECUMBENTS MEN & WOMEN – JOHN FRASER EVENT ONLY

ENTER CATEGORY HERE

1st Race "PRIMARY CAT"

2nd Race "SECOND CAT"

RACE
Please Check Date(s)

DATE
(2016)

EVENT
SITE

<input type="checkbox"/>	Indoor TT #1 "Rolling 10k"	Sun. 1/10	Winfield, IL
<input type="checkbox"/>	Indoor TT #2 "Downhill 10k"	Sun. 1/31	Winfield, IL
<input type="checkbox"/>	Indoor TT #3 "Rolling 10k"	Sun. 2/21	Winfield, IL
<input type="checkbox"/>	Indoor TT #4 "Downhill 10k"	Sat. 3/12	Winfield, IL
<input type="checkbox"/>	Outdoor TT #5 "John Fraser"	Sun. 4/10	Maple Park, IL

DESIRED START TIME

Please Check One in Each Column

1st Choice

2nd 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)

2nd 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 **

2nd RACES OF DAY x \$15 per race
See Discount Below

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

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 collisions and falls, 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: (A) Assume all risks associated with my participation; and (B) Wave, Release, and Discharge the American Bicycle Racing, Inc., Prairie Path Cycles, ABD Cycle Club and each of their directors, officers, employees, volunteers, representatives, committee members, members, and agents, and the event holders, event sponsors, event directors, event volunteers; and any other party, municipalities or other public entities connected with this event, from any and all liability for my death, disability, personal injury, property damage, or loss, or injury, or actions of any kind which may hereafter accrue to me due to my participation in this event, for myself, my executors, administrators, heirs, next of kin, successors, and assigns; and (C) Agree to indemnify and Hold Harmless the entities or persons mentioned in the paragraph from any and all liabilities or claims made due to my participation in this event, including my travel to and from the event.

I hereby consent to receive and be financially responsible for medical treatment, which may be deemed advisable in the event of my injury, accident and or illness.

I understand that at this event or related activities, my image may be captured and allow photo, video or film images to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and or assigns.

This document 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: 1/10 Indoor TT #1 1/31 Indoor TT #2 2/21 Indoor TT #3 3/12 Indoor TT #4 4/10 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: _____