2024 ABD Cycle Club Application/Renewal

A USAC / ABR Racing club that is sponsored by Prairie Path Cycles 27W181 Geneva Road, Winfield, IL 60190 (630-690-9749)

Name			Male _
Address			
City	State	Zip	
Telephone (Home)	(Cellular)		
E-mail			
Please check the following if you do NOT want it sl	hared with other club mo	embers: 🗌 E-ma	il 🗌 Phone
am registered with (please check all that apply):	USAC Other	.)	
My racing age for the 2024 Season is Raci	ng category(ies)		
\$50.00 Individual Membership Fee \$75.00 Family Membership Fee (Please fill out an appl	lication and signed waiver for ea	ch additional family me	mber.)

Please make checks payable to "ABD Cycle Club"

Mail to: Valerie Redlich, 2004 Childs Street, Wheaton, IL 60187 – Attn. ABD Cycle Club

ABD is proud to offer, its members, benefits as part of the membership and yearly volunteer support. It's each member that makes ABD special and helps grow the best club into an even better one.

- Prairie Path Cycles, proud sponsor and cornerstone of the ABD Cycling Club, offers a discount on all accessories.
- ABD Club Specials include "pre-season" deals on shoes and helmets as well as Trek and Bontrager products.
- Access to the ABD indoor winter training sessions organized and focused.
- Access to USCF Certified Coaching programs offered only through the ABD Cycling Club fitness, race tactics, cycling skills, and more.
- Seasonal group training rides with specific goals, tactics and specific rider feedback.
- Access to private ABD e-mail list stay connected with the most active cycling group in the Midwest.
- The best cycling club parties on the planet...AND MORE!!!

ATHLETE WAIVER/RELEASE FORM & AGREEMENT 2024 ABD CYCLE CLUB

Please read the following carefully before signing.

IN CONSIDERATION of being permitted to participate in any way within or associated with Athletes By Design, Inc., ABD Cycling Club, Prairie Path Cycles, Inc., it's officers, owners, heirs, next of kin, staff, sponsors and coaches ("ABD") I, for myself, my personal representatives, assigns, heirs, and next of kin:

- 1. ACKNOWLEDGE, agree, and represent that I understand the nature of cycling in all aspects and fitness ('Activity') and that I am qualified, in good health, proper mental capacity and in proper physical condition to participate in such Activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity. I further understand that my name, category and race results or event information about me may be published on the Club website.
- 2. FULLY UNDERSTAND that: (a) ATHLETIC ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation or that of the minor in the Activity.
- 3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE or defame ABD as defined above and Associations, clubs, coaches, officials, administrators, members, volunteers, participants, sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, and any other party indemnified and held harmless by ABD, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS,

NEGLIGENT SECURITY, TRAVEL, AND RECREATIONAL OPERATIONS AND ACTIVITIES; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Release's, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim.

Agreement to Participate

I ,or we, grant to the Directors, Assistants, or assigned chaperons of events to act as guardians in granting permission for emergency treatment/hospitalization (including anesthesia) if necessary for me or my child en route to or from or at the site of an ABD event or ABD recommended event or hospital or other medical facility. I understand that should a health emergency arise, I will be attempted to be notified if guardian, but that if I cannot be reached by telephone, such medical treatment as deemed necessary by competent medical personnel is authorized. I hereby state that any and all medical information will be brought to ABD's attention as it may or may not affect my participation and further emergency medical needs. This information may include; allergies, conditions, limitations or medicine for example.

ABD PLEDGE & CODE OF CONDUCT:

As part of ABD Cycle Club or ABD Cycle Club Coaching Program I agree to the following;(a) obey traffic laws and practice courtesy and safe cycling, (b) To act in such a manner as to convey good sportsmanship, (c) to not use profanity or act in a dangerous manner, (d) to hold in high esteem all programs offered by and ABD directly, (e) if in coaching program to only race for ABD Cycling Club during such time, (f) to participate in club activities.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOT WITH STANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT. PRINTED NAME OF

SIGNATURE	DATE
AND THE MINOR'S EXPERIENCE AND CAPABI PHYSICAL CONDITION TO PARTICIPATE IN SUTO INDEMNIFY AND SAVE AND HOLD HARM DAMAGES ON THE MINOR'S ACCOUNT CAUS "RELEASEES" OR OTHERWISE, INCLUDING RELEASE, I, THE MINOR, OR ANYONE ON THE I WILL INDEMNIFY, SAVE, AND HOLD HARM	ENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF ATHLETIC ACTIVITIES ILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER UCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE LESS EACH OF THE RELEASEE'S FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR SED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE NEGLIGENT RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DESPITE THIS EMINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, ILESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, BY INCUR AS THE RESULT OF ANY SUCH CLAIM.
PARENT/GUARDIAN NAME	DATE
PARENT/GUARDIAN SIGNATURE (only if participant is under the age of 18)	