

2010 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: _____ E-MAIL : _____

CLUB (if applicable) : _____ (Enter "Unattached" if not applicable)

Racing Age 2010: _____ ABR LISC #: _____ (No license enter "Purchasing" or "Citizen")

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

ABR CATEGORIES			
OPEN/MEN CAT	Places	WOMEN CAT	Places
Jr. 15 & UNDER**	3	Jr. 15 & UNDER**	3
Jr. 16 & OVER**	3	Jr. 16 & OVER**	3
CAT 4	5	Women 4	5
CAT 3	5	Women Open	5
CAT 1/2	5		
30+	40+	40+	
50-54	55-59	50+	
60-64	65-69	60+	5
70-74	75-79	70+	
80+			

CITIZEN CATEGORIES (INELIGIBLE FOR MATTS)			
OPEN/MEN CAT	Prizes	WOMEN CAT	Prizes
Jr. 15 & UNDER	3	Jr. 15 & UNDER	3
Jr. 16 & OVER	3	Jr. 16 & OVER	3
19-29	3	19-29	3
30-39	3	30-39	3
40-49	3	40-49	3
50+	3	50+	3

THE FINE PRINT

PROMOTER RESERVES THE RIGHT TO COMBINE CATEGORIES
 ** JUNIOR CATEGORIES ARE COMBINED FOR MATTS POINTS
 MATTS POINTS BASED OFF ONE COMBINED RESULT FOR ALL 3
 INDOORS AND RESULT IN THE J.F.M.T.T.
RECUMBENTS MEN & WOMEN—JOHN FRASER EVENT ONLY

Enter CATEGORY HERE		
1 st Race "PRIMARY CAT"	2 nd Race "SECOND CAT"	
RACE	DATE	EVENT SITE
Please Check Date(s)		
TT # 1 "Flat 10k"	Sun. 1/24	WMS
TT # 2 "Rolling 10k"	Sun. 2/21	WMS
TT # 3 "9k Hill Climb"	Sun. 3/20	WMS
TT # 5 "John Fraser"	Sun. 4/11	TBD
DESIRED START TIME		
Please Check One in each column		
1 st Choice	2 nd Choice	
9:30 or earlier		9:30 or earlier
9:30 to 11:00		9:30 to 11:00
11:00 to 1:00		11:00 to 1:00
1:00-2:30		1:00-2:30
After 2:30 (if available)		After 2:30 (if available)
2 nd CATEGORY RACERS ONLY		
Desired Amt. of Minutes Between 2 start times		Min.
REQUESTED COMPETITOR or Specific Start Time (Juniors <15, please indicate if you'd like to race 5k or 10k)		

FEEES

NUMBER OF RACES _____ x \$25 per race (Juniors \$12)	=
add \$3 late fee if within one week of an event ** See Discount Below**	
2 nd RACES OF DAY _____ x \$17 per race ** See Discount Below**	=
Series Discount Deal!! Register NOW for all 4 races for just \$80 (\$20ea.), Juniors race all 4 for \$45; Race 2 nd Category @ ALL 4 races NOW for \$15 per race (\$60) TOTAL	=

To Register for the 2010 ABD TT Series send completed form along with check or money order payable to:
ABD Cycle Club, 17W461 Hill St., Villa Park, IL 60181
ENTRIES MUST BE RECEIVED AT LEAST 7 DAYS BEFORE THE EVENT- ANY ENTRIES RECEIVED WITHIN 7 DAYS OF THE EVENT WILL NOT BE PROCESSED!!!

2010 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 of Liability (AWRL) form will be used by the 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 and 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 or my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: American Bicycle Racing, Inc., Community Middle School District 34, their directors, officers, employees, volunteers, representatives, and agents, 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 it's content.

Signature of entrant: _____ ABR member number: _____

Name of event : ABD 2010 Indoor Time Trial Series Today's date: _____

Date of events: 1/24/10 Indoor TT #1 2/21/10 Indoor TT #2 3/20/10 Indoor TT #3 4/11/09 Outdoor JFM TT
(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 of Guardian _____ Date _____