



## 2008-2009 ABD CYCLING CENTER BOOT CAMP REGISTRATION

NAME: \_\_\_\_\_

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

\_\_\_\_\_

PHONE #: \_\_\_\_\_

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

Please Indicate:  MALE  FEMALE

BIRTH DATE: \_\_\_\_\_

WEIGHT (required to calibrate Computrainer) : \_\_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_

EMERGENCY CONTACT PHONE \_\_\_\_\_

Do you compete or are you planning to?  Yes  No

**SESSION 1:** October 27 to December 21. *NO REST WEEKS*

**SESSION 2:** January 12 to March 22. *REST WEEKS:* Feb 11-17 & Mar 10-16

**8-Week Session Fee: \$275** = \_\_\_\_\_

**Two, 8-Week Session DISCOUNT Fee: \$500 (save \$50!)** = \_\_\_\_\_

**TOTAL** = \_\_\_\_\_

**Payable via check to "Prairie Path Cycles" or reserve your spot & pay with a Credit Card:**  
*Card will not be charged until presented in person at P.P.Cycles UNLESS you fail to show for reserved time(s).*

CARD (Circle): VISA    MASTERCARD DISCOVER    AM/EX

CARD # \_\_\_\_\_ CVC/SECURITY CODE ( back of card): \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**Please complete all three pages and drop-off or mail forms to  
Prairie Path Cycles, 27W181 Geneva Rd, Winfield, IL 60190**

# 2008-2009 ABD BOOT CAMP: CHOOSE YOUR WORKOUT TIMES

1) In the grid(s) below, please write an "A" in your two preferred workout slots during the week. *It is highly recommended that you have at least two days between workouts for proper recovery*

2) Place a "B" in each of your second preferred workout slots.

**NOTES:**

- Feel free to mix & match Winfield and Batavia locations.

- Riders during Session 2 whose classes interfere with the ABD Indoor Time Trials on 2/1, 2/22 and 3/14 will receive complimentary entry to those events, which will serve as their second workout of the week.

SESSION 1: October 27 to December 22. No Rest Weeks.						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Winfield 9AM			Winfield 9AM		Winfield 9AM	Winfield 9AM
Batavia 9AM			Batavia 9AM		Batavia 9AM	Batavia 9AM
Winfield 7PM		Winfield 5PM	Winfield 5PM	Winfield 7PM	Winfield 11:30AM	Winfield 11:30AM
Batavia 7PM		Winfield 7PM	Winfield 7PM	Batavia 7PM	Batavia 11:30AM	Batavia 11:30AM
		Batavia 7PM	Batavia 7PM			

SESSION 2: January 12 to March 22. Rest Weeks 2/2/09-2/6/09 & 3/2/09-3/6/09 ABD Indoor TT's: 1/11, 2/1, 2/22 & 3/14						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Winfield 9AM			Winfield 9AM		Winfield 9AM	Winfield 9AM
Batavia 9AM			Batavia 9AM		Batavia 9AM	Batavia 9AM
Winfield 7PM		Winfield 5PM	Winfield 5PM	Winfield 7PM	Winfield 11:30AM	Winfield 11:30AM
Batavia 7PM		Winfield 7PM	Winfield 7PM	Batavia 7PM	Batavia 11:30AM	Batavia 11:30AM
		Batavia 7PM	Batavia 7PM			

**ATHLETE/Club WAIVER/RELEASE FORM & "AGREEMENT"**  
**2008 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:** \_\_\_\_\_

**MINOR RELEASE;** AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF ATHLETIC ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEE'S FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

**PARENT/GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE** (only if participant is under the age of 18):