

# 2019 ABD CYCLE CLUB MEMORIAL DAY WEEKEND MASTER'S SERIES

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

NAME (last name 1st): \_\_\_\_\_

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

APT.#: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

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

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

CLUB: \_\_\_\_\_

(Leave blank if inapplicable)

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

ABR LISC #: \_\_\_\_\_

(Leave blank if purchasing at event)

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

DAILY CRITERIUM SCHEDULE		
TIME	CATEGORIES	DISTANCE
9:00am	Men 60+/65+/70+/75+/80+ Women 50+/60+/65+/70+/75+/80+ Women Cat 4/5 (All Ages)	40 minutes
9:50am	Men 50+ & 55+ Women 30+ & 40+	50 minutes
10:50am	Men 40+ 1 / 2 / 3	50 minutes
11:50am	Men Cat 4/5 (All Ages)	40 minutes
12:40pm	Men 30+ 1 / 2 / 3	60 minutes

ENTER CATEGORIES HERE	
1st Race Category	2nd Race Category
RACE *Please Check Date(s)	DATE (2019)
<input type="checkbox"/> Wood Dale South Crit	Sat. 5/25
<input type="checkbox"/> Wood Dale North Crit	Sun. 5/26
<input type="checkbox"/> Pella Crit	Mon. 5/27

*Cat 5 racers are only allowed to race once per day.*

### FEES

**3-Race Deals**  
\$80 (\$95 day of)

**Daily**  
\$30 (\$35 day of)  
Non-Cat 5 + 2<sup>nd</sup> Race of the Day: \$45 (\$50 day of)  
Extra Races: \$15/each

To register for the 2019 ABD Cycle Club Memorial Day Weekend Master's Series, send completed forms along with check or money order, payable to:

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

**ENTRIES MUST BE RECEIVED BY THURSDAY, MAY 23, 2019 – ANY ENTRIES RECEIVED AFTER THIS DATE WILL NOT BE PROCESSED!!!**

# 2019 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 an 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 2019 Memorial Day Weekend Master's Series

Date of events: 05/25/2019 (Sat)      05/26/2019 (Sun)      05/27/2019 (Mon)

(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 not enter "Unattached")