

2020 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
<input type="checkbox"/> Under 15	<input type="checkbox"/> Under 15
<input type="checkbox"/> 15-18	<input type="checkbox"/> 15-18
<input type="checkbox"/> 19-29	<input type="checkbox"/> 19-29
<input type="checkbox"/> 30+	<input type="checkbox"/> 30+
<input type="checkbox"/> 40+	<input type="checkbox"/> 40+
<input type="checkbox"/> 50+	<input type="checkbox"/> 50+
<input type="checkbox"/> 55+	<input type="checkbox"/> 55+
<input type="checkbox"/> 60+	<input type="checkbox"/> 60+
<input type="checkbox"/> 65+	<input type="checkbox"/> 65+
<input type="checkbox"/> 70+	<input type="checkbox"/> 70+
<input type="checkbox"/> 75+	<input type="checkbox"/> 75+
<input type="checkbox"/> 80+	<input type="checkbox"/> 80+
<input type="checkbox"/> 85+	<input type="checkbox"/> 85+
<input type="checkbox"/> 90+	<input type="checkbox"/> 90+
*ABILITY BASED CATEGORIES	
MEN OPEN	WOMEN OPEN
<input type="checkbox"/> 1/2	<input type="checkbox"/> 1/2
<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4
THE FINE PRINT	
* RECUMBENTS MEN & WOMEN – JOHN FRASER EVENT ONLY	

ENTER CATEGORY HERE		
1 st Race "PRIMARY CAT"	2 nd Race "SECOND CAT"	
	DATE (2020)	EVENT SITE
<input type="checkbox"/> Indoor TT #1 "Rolling 10k"	Sun. 1/12	Winfield, IL
<input type="checkbox"/> Indoor TT #2 "Rolling 10k"	Sun. 2/9	Winfield, IL
<input type="checkbox"/> Indoor TT #3 "Rolling 10k"	Sun. 3/8	Winfield, IL
<input type="checkbox"/> Outdoor TT #4 "John Fraser"	Sun. 4/5	Maple Park, IL
DESIRED START TIME *Please Check One in Each Column*		
1 st Choice	2 nd 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)
2 nd 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 **		
2 nd RACES OF DAY	x \$15 per race **See Discount Below**	=
Series Discount Deal!! Register NOW for all 4 races for just \$90, 18 and younger race all 5 for \$50; Race 2 nd Category at ALL 5 races NOW for \$15 per race (\$75) TOTAL		

To register for the 2020 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!!!

2020 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 2020 Indoor Time Trial Series

Date of events: 1/12 Indoor TT #1 2/9 Indoor TT #2 3/8 Indoor TT #3 4/5 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: _____