

RACERS, TRIATHLETES, AND ALL CYCLING ENTHUSIASTS WELCOME! CATEGORIES FOR ALL



ABD Cycling presents
the 7th ANNUAL

INDOOR TIME TRIAL SERIES



TWO COURSES AND A NEW, LARGER VENUE!

**TWO EVENTS ON THE TRIED AND TRUE FLAT 10k COURSE, PLUS
TWO EVENTS ON COMPUTRAINER'S OFFICIAL, ROLLING 10k COURSE
CHOOSE TO RACE ON THE MULTIRIDER 8-UP SYSTEM OR TRADITIONAL 2-UP RACING!**

*DUE TO THE OVERWHELMING SUCCESS OF LAST YEAR'S SERIES, ALL 2006 INDOOR EVENTS HELD @
WEST CHICAGO COMMUNITY HIGH SCHOOL, 326 JOLIET ST, WEST CHICAGO, IL 60185
ENTRANCE H ON SOUTH SIDE OF BUILDING, GO TO WWW.PRAIRIEPATHCYCLES.COM FOR DIRECTIONS*

2006 ABD INDOOR TT SERIES SCHEDULE

SERIES OPENER: SUN, Jan. 15th, 2006- FLAT 10k @ **WEST CHICAGO COMMUNITY HIGH SCHOOL**
TT #2 - SUN, Feb. 5th - ROLLING 10k @ Community High School
TT #3 - SUN, Feb. 26th - FLAT 10k @ Community High School
TT #4 - SATURDAY, Mar. 18th - ROLLING 10k @ Community High School
SERIES FINALE - SUN, April 9th: John Fraser Memorial 10 MI OUTDOOR TT in Maple Park.

Use your own bicycle on computer-controlled simulators in a 10k time trial, without the wintry weather!

JUST YOU, NO EXCUSES!!!

COMPARE YOUR RESULTS FROM ONE RACE TO THE NEXT, AGAINST OTHERS AND ON COMPUTRAINER'S NATIONAL DATABASE!

OVER \$3,000 IN PRIZES FOR DAILY & OVERALL WINNERS -

FASTEST FLAT 10k + FASTEST ROLLING 10k + JOHN FRASER OUTDOOR TT QUALIFY FOR OVERALL

FASTEST RIDER CHALLENGE: 3 FASTEST MEN AND WOMEN AT EACH EVENT: \$50/\$30/\$20

ALL PARTICIPANTS ELIGIBLE FOR PROFILE EQUIPMENT RAFFLE AT EACH EVENT!

**YOUR FASTEST INDOOR 10k (FLAT OR ROLLING) & JOHN FRASER TT TIMES COUNT TOWARDS THE
2006 MID AMERICA TIME TRIAL SERIES (MATTS) w/OVER \$5,000 IN CASH & PRIZES**

GO TO WWW.AMBIKERACE.COM FOR DETAILS

PROMOTED BY: THE ABD CYCLE CLUB, HELD UNDER ABR EVENT PERMIT

go to www.prairiepathcycles.com for more Info and ONLINE registration!

New Venue & Courses!!! Flat & Rolling 10k's @ West Chicago Community High School!

2006 ABD CYCLE CLUB INDOOR/OUTDOOR TIME TRIAL SERIES

NAME: _____
 ADDRESS: _____ Please indicate Club, if applicable:
 PHONE #: _____
 EMAIL: _____

PLEASE CIRCLE YOUR CATEGORY

ABR CATEGORIES		CITIZEN CATEGORIES (INELIGIBLE FOR MATTS)	
MEN CAT / PLACES	WOMEN CAT/ PLACES	MEN / PRIZES	WOMEN / PRIZES
JR. 15 & UNDER / 3*	JR. 15 & UNDER / 3*	JR. 15 & UNDER / 3	JR. 15 & UNDER / 3
JR. 16 & OVER / 3 *	JR. 16 & OVER / 3 *	JR. 16 & OVER / 3	JR. 16 & OVER / 3
CAT 4 / 5	WOMEN 4 / 5	19-29 / 3	19-29 / 3
CAT 3 / 5	WOMEN OPEN / 5	30-39 / 3	30-39 / 3
CAT 1,2 / 5	WOMEN MASTERS / 5	40-49 / 3	40-49 / 3
MASTERS MEN / 5	40 +	50 + / 3	50 + / 3
30 + 60-64	50 +	RECUMBENTS MEN & WOMEN- JOHN FRASER EVENT ONLY	
40 + 65-69	60 +	* JUNIOR CATEGORIES ARE COMBINED FOR MATTS POINTS	
50 + 70 +	MEN 75+ MEN 80+	ROTY POINTS BASED ON YOUR FASTEST INDOOR 10K TIME	

PROMOTER RESERVES THE RIGHT TO COMBINE CATEGORIES

Please Confirm Category Here _____ Second Category if Racing Twice _____

ABR License # _____ (ABR sanctioned event, licenses can be purchased at the race)

Please circle the date or dates that you are registering for:

TT#1: SUN, "Flat 10k" 1/15/06 @ **West Chicago CHS** TT #2, "Rolling 10k" SUN 2/5/06 @ CHS
 TT #3, SUN, "Flat 10k" 2/26/06 @ CHS TT #4, "Rolling 10k" **SAT** 3/18/06 @ CHS

John Fraser Memorial 10 mile TT, April 4th in MAPLE PARK, IL

Desired Start Time* (please circle)

Choice #1 before 10:00 10:00-11:30 11:30-1:00 1:00-2:30 After 2:30 (if available)
 Choice #2 before 10:00 10:00-11:30 11:30-1:00 1:00-2:30 After 2:30 (if available)

Choose One: **MULTIRIDER** **TWO-UP RACE** *If 2-UP, Requested competitor? _____*

Requests for Multirider/Two-Up & start times are taken in the order they are received. While we do our best to accommodate requests, we cannot guarantee Race Mode or specific start times. All starts will be posted at abdcycling.com the **Wednesday prior to each event.*

Number of Races _____ x \$22 per race, \$12 for Juniors.	=	_____
LATE FEE = If postmarked less than 7 days before race, add \$3 for that event!	=	_____
2nd Race of Day _____ x \$17 per race (No late fee)	=	_____
QUANTITY REGISTRATION DISCOUNTS!! Register for all 5 races at once for just \$20 per event!		
TOTAL OF \$100. Juniors: all 5 for \$55	=	_____
Second Category/Races of Series: 5 for \$80	=	_____
TOTAL	=	_____

To register for 2006 ABD TT Series, please send this form along with check payable to:
 ABD Cycle Club, 2357 Highwood Court, Aurora, IL 60503-8573

For race information or to register online, go to www.prairiepathcycles.com

2006 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 High School District 94, 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 2006 Indoor Time Trial Series (circle events below you are registering for) Today's date _____

Date of event 1/15/06 TT #1 2/5/06 TT #2 2/26/06 TT #3 3/18/06 TT #4 4/9/05 JFM TT

Name, printed _____

Your address _____ City, State & Zip _____

Your Phone Number _____ Email Address _____

Call in case of emergency _____ Phone _____

Category Entered _____ Racing age _____ Racing club _____

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 _____