



2006 WORLD CHAMPIONSHIP 4-Person 60k TEAM TIME TRIAL

Sponsored By
**PYOC/
RRB
Racing Team**

(4 person max. 3 person min.)

SUNDAY, SEPTEMBER 10TH
UTICA, ILLINOIS

CLASSES: Open (1~4) Masters 30+ Masters 50+ Masters 70+ Women 40+ Women 50+
Junior Open Masters 40+ Masters 60+ Masters 65+ Women Open Women 60+
(Riders on age group team must be at least the minimum age specified for that age group.)
(Teams may consist of any quantity of Men or Women, except Women classes are for Women only)

AWARDS: 1ST Place: World Championship Jerseys and World Championship Awards each Class.
2nd through 5th Place awards for Open, Masters 30+, Masters 40+, Masters 50+, Masters 60+ and Women Open.
2nd through 3rd Place awards for Junior Open, Masters 70+, Women 40+, and Women 60+.
Fastest Team cash prize: \$240, 2nd \$180, 3rd \$140, 4th \$100 & 5th \$80.
Fastest Women Team cash prize: \$240, 2nd \$180, 3rd \$140, 4th \$100 & 5th \$80.

ALL RIDERS ON A TEAM>>MUST WEAR IDENTICAL JERSEYS<<

Bicycles must be no more than 2 meters long and 75 cm wide. (no recumbents or tandems).

REGISTRATION & NUMBER PICK UP OPENS: 8am at tent on Waltham School parking lot.

FIRST TEAM OFF: 9am and at two minute intervals thereafter. Support vehicles are allowed.

Timing is done from the leading edge of the front wheel of the third bicycle finishing on a team.

REGISTERING AND ENTRY FEE: \$100 per Team. Make checks payable to 'American Bicycle Racing, mail to ABR, P.O. Box 487, Tinley Park, IL 60477-0487. If you are not a member of ABR, a One-Day Membership will be issued to you on a complimentary basis. Entries must be submitted with an ABR Accident Waiver and Release of Liability form for each team member. This form is available on the ABR Website www.ambikerace.com in the Forms section. To speed registration only your Team Leader should pick up your numbers or register your team on race day. There is no Late Registration Fee. Start times are assigned in the order that entries are received. A "Received Entry" is getting all of your paperwork and fees into "ABR" hands and not an email or phone call expressing your intent to enter.

QUESTIONS? Email: AmBikeRace@aol.com or call: 708-532-7204

COURSE: Event will be run in LaSalle County, Illinois on mostly flat Illinois farmland roads which are lightly traveled. Wind can be a factor. A map of the course will be provided in your race package. Start and Finish on N.33rd just east of Waltham School. 8-kilometer loop replaces mid road turn around.

DIRECTIONS TO COURSE: Take Interstate 80 to Utica exit 81. Go north approximately 3 miles to County Highway 33. Turn right on Highway 33 and go 1 mile to registration at Waltham District School.

NOTE: Parking available at Waltham School and Waltham Township Office Building

MOTELS: Super 8 815-251-2223; Motel 6 815-224-2786

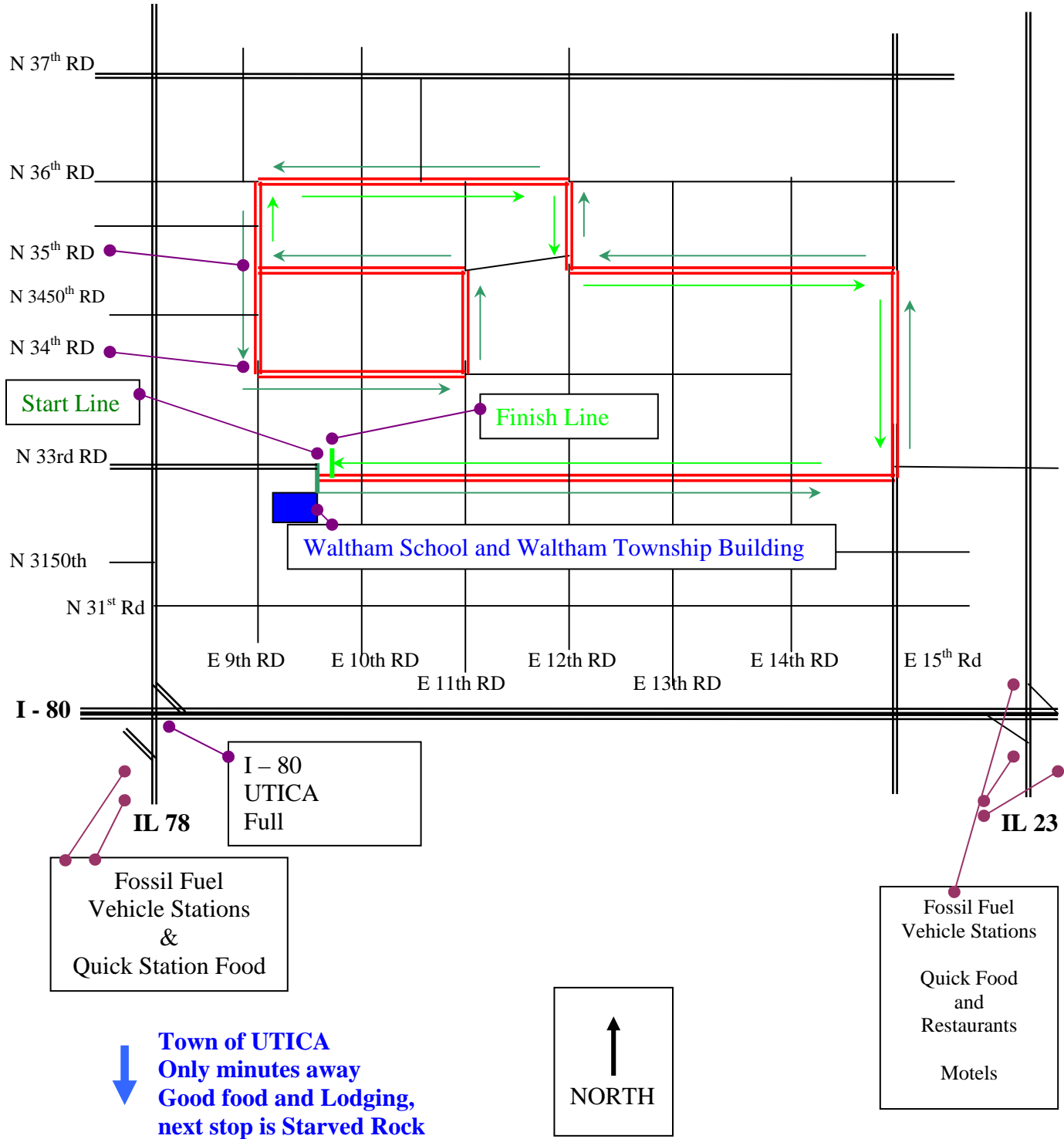
TEAM TIME TRIAL

COURSE MAP

59.50 Kilometers

New loop eliminates mid road turn around, increases distance.

CH 43



2006 Accident Waiver and Release of Liability ^{11/05}

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., 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 _____ Date of event _____ Today's date _____

Name, printed _____

Your address _____ City, State & Zip _____

Your Phone Number _____ Email Address _____

Call in case of emergency _____ Phone _____

Ability Category entered _____ **OR** Racing Age Group entered _____ your age _____

TT TEAM NAME _____ Racing Club / Sponsor _____

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 _____