

The Great Carroll County Cycling Event

An ABR sanctioned race June 17, 2006

PLEASE PRINT:

Last Name First Name

Address

City State Zip Code

Area Code & Phone Number E-mail Address

Emergency Contact Person & Phone Number

FEE SCHEDULE: \$25.00 per rider prior to June 10, 2006. \$30.00 per rider thereafter.
There is refundable \$10.00 deposit for the Champion Chip Timer. Fees include a dri-shirt, refreshments, sag support for the entire 62 mile course and admission to our fine pasta lunch.. Racers will depart at 8:30 am from Point Rock Park in Mount Carroll, Illinois.

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; and (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 _____ Date _____
Ability Category entered _____ or Racing Age Category entered _____ your age _____
Racing Club / Sponsor _____ abr member # _____

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 _____



Make checks payable and mail to:
Carroll County Cycling Club
P. O. Box 172, Savanna, IL 61074

Online registration available thru
Active.Com

For info call 815 244-4005 or Email us
at fwflack@hotmail.com



www.cc-cycling.com