2011 ABD CYCLE CLUB INDOOR/OUTDOOR TIME TRIAL SERIES

For race information or to register online, go to <u>www.abdcycling.com</u>

NAME (last name 1 st):					
Address:	Арт. #:				
Сіту:		STATE:		ZIP:	
PHONE:		EMAIL:			
CLUB (if applicable):			(Enter "Unattached"	' if not applicable)	
RACING AGE 2011:	ABR Lisc #:		(No license enter "P	urchasing" or "Citizen")	

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

Open/Men Cat		Places	Women Cat	Places
Jr. 15 & Under**		3	Jr. 15 & Under**	3
Jr. 16 & Over**		3	Jr. 16 & Over** 3	
Cat. 4		5	Women 4 5	
Ca	Cat. 3		Women Open 5	
Cat	. 1/2	5		
30+	40+		40+	
50-54	55-59	1	50+	
60-64	65-69	5	60+	5
70-74	75-79		70+	
80+				
CITIZEN CATEGORIES (INELIGIBLE FOR MATTS)				
Open/Men Cat Prizes		Prizes	Women Cat	Prizes
Jr. 15 & Under		3	Jr. 15 & Under	3

51. 15 & Olidei	ر ر	51. 15 & Olidel	5
Jr. 16 & Over	3	Jr. 16 & Over	3
19-29	3	19-29	3
30-39	3	30-39	3
40-49	3	40-49	3
50+	3	50+	3

THE FINE PRINT

PROMOTER RESERVES THE RIGHT TO COMBINE CATEGORIES ** JUNIOR CATEGORIES ARE COMBINED FOR **MATTS** POINTS **MATTS-ROTY** POINTS COUNT A RACER'S BEST COMBINED TIME OF THE 3 INDOOR RESULTS **RECUMBENTS** MEN & WOMEN – JOHN FRASER EVENT ONLY

ENTER CATEGORY HERE					
1st Race "PRIMARY CAT"		2 nd Race "SECOND CAT"			
	RACE *Please Check Date(s)*		DATE (2011)	EVE SI	
	TT #1 "Flat 10k"		Sun. 1/23	Winfield	l School
	TT #2 "Rolling 10k"		Sun. 2/20	Winfield	l School
	TT #3 "9k Hill Climb"		Sat. 3/19	Winfield	l School
	TT #4 "John Fraser"		Sun. 4/10	Maple	e Park
	DESIRED START TIME *Please Check One in Each Column*				
	1 st Choice	2 nd Choice			
	9:30 or earlier	9:30 or earlier			
	9:30 to 11:00		9:30) to 11:00	
	11:00 to 1:00		11:0	00 to 1:00	
	1:00 to 2:30		1:0	0 to 2:30	
	After 2:30 (if available)		After 2	:30 (if availa	ble)
2 nd CATEGORY RACERS ONLY					
	Desired Amount of minutes between 2 start times Min			Min.	
REQUESTED COMPETITOR or Specific Start Time (Juniors <15, please indicate if you'd like to race 5k or 10k)					

	FEES	
NUMBER OF RACES	x \$25 per race <i>(Juniors \$12)</i>	
add \$3 late fee if within one wee	=	
2 nd RACES OF DAY	x \$17 per race **See Discount Below**	=
Series Discount Deal!! Register NOW for all 4 races for just \$80 (\$20 ea.), Juniors race all 4 for \$45; Race 2 nd Category @ ALL 4 races NOW for \$15 per race (\$60) TOTAL =		

To register for the 2011 ABD TT Series send completed form along with check or money order payable to: ABD Cycle Club, 1814 Whitney Drive, Hanover Park, IL 60133 ENTRIES MUST BE RECEIVED AT LEAST 7 DAYS BEFORE THE EVENT – ANY ENTRIES RECEIVED WITHIN 7 DAYS OF

THE EVENT WILL NOT BE PROCESSED!!!

2011 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 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 take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release, 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 of my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: American Bicycle Racing, Inc., Community Middle School District 34, their directors, officers, employees, volunteers, representatives, and agent, 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 its content.

Signature of entrant:		ABR member number:			
Name of event: ABD 2011 Indoor Time Trial Series					
Date of events: <u>1/23/10 Indoor TT #1</u>	<u>1/23/10 Indoor TT #1</u> <u>2/20/10 Indoor TT #2</u> <u>3/19/10 Indoor TT #3</u> <u>4/10/10 Outdoor JFMTT</u> (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: