2012 ABD CYCLE CLUB MEMORIAL DAY WEEKEND MASTER'S SERIES

For race information or to register on-line, go to www.abdcycling.com

NAME (last name 1st):					
Address:			А рт.#:		
Сіту:		STATE:	ZIP:		
PHONE:		EMAIL:			
CLUB:	-		(Leave blank if inapplicable)		
DATE OF BIRTH:	ABR LISC #:		(Leave blank if purchasing at event)		
	ABR sanctioned event, one day & annual licenses can be purchased at the event.				

SATURDAY & SUNDAY CRITERIUM SCHEDULE				
TIME	CATEGORIES	DISTANCE		
9:00am	Master's Cat 5: Men & Women over 30 with less than 10 mass start events	10 laps		
9:30am	Master's Men: 60+ / 65+ / 70+ / 75+ / 80+ Master's Women: 60+ & 70+	30 min + 3 laps		
10:15am	Master's Men: 50+ & 55+ Master's Women: 30+, 40+, & 50+	50 min + 3 laps		
11:20am	Master's Men: 40+ 1, 2, & 3 only	50 min + 3 laps		
12:25pm	Master's Men 40+ Cat 4	40 min + 3 laps		
1:30pm	Master's Men 30+ 1 / 2 / 3 / 4	50 min + 3 laps		

MONDAY CIRCUIT RACE SCHEDULE				
TIME	CATEGORIES	DISTANCE		
9:00am	Master's Cat 5: Men & Women over 30 with less than 10 mass start events	5 laps		
9:40am	Master's Men: 60+ / 65+ / 70+ / 75+ / 80+ Master's Women: 60+ & 70+	30 min + 3 laps		
10:30am	Master's Men: 50+ & 55+ Master's Women: 30+, 40+, & 50+	50 min + 3 laps		
11:40am	Master's Men: 40+ 1, 2, & 3 only	50 min + 3 laps		
12:50pm	Master's Men 40+ Cat 4	40 min + 3 laps		
1:50pm	Master's Men 30+ 1 / 2 / 3 / 4	50 min + 3 laps		

ENTER CATEGORIES HERE				
1st Race Category	2nd Race Category			
RACE *Please Check Date(s)	DATE (2012)			
South Course Crit	Sat. 5/26			
North Course Crit	Sun. 5/27			
Combined Course Circuit	Mon. 5/28			

Cat 5 racers are only allowed to race once per day.

<u>FEES</u>

Non-Cat 5 3-Race Deal: **\$65**Non-Cat 5 3-Race Deal w/ 2nd race each day: **\$110**Cat 5 & 70+ 3-Race Package: **\$45**70+ 3-Race Deal w/ 2nd race each day: **\$90**

Non-Cat 5: **\$25** per day, **\$17** per extra race Cat 5 & 70+: **\$15** per day 70+: **\$15** per extra race

\$3 late fee (per race) charged for day of registration

To register for the 2012 ABD Cycle Club Memorial Day Weekend Master's Series, send completed forms 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 POSTMARKED WITHIN 7 DAYS OF THE EVENT NEED TO INCLUDE THE \$3 LATE FEE OR IT WILL NOT BE PROCESSED!!!

2012 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., Prairie Path Cycles, their employees, volunteers, and representatives, 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 2012 Memorial Day Weekend Master's Series						
Date of events:	<u>05/26/2012 (Sat)</u>	05/27/2012 (Sun)	05/28/2012	(Mon)		
	(any event you pa	rticipate in on the above d	ate(s) is covered	by this single waiver)		
Name, printed:						
Your address:		City, State, & Zip:				
Your phone numbe	r:	Er	mail address:			
Call in case of eme	rgency:			Phone:		
Ability Category Er	ntered:	OR Age Gro	up Entered:	Ra	cing Age:	
Racing club:				(if not enter "Unattache	·d")	