



2012

**ABR 4-Person Championship
40k TEAM TIME TRIAL**

(4 person maximum – 3 person minimum per team)

MATTS-ROTY
15 Points
Awarded to All
Finishers

SATURDAY, October 6th
Splash Valley Aquatic Park, Kankakee, IL

CLASSES:

Open to Women Only

Women Elite (category open)

Women age 40+

Women age 60+

Mixed Gender

2 Women & 2 Men

(minimum 1 man/2women
or 1 woman/2 men)

Non-Aero “Eddy Merckx”

No Aero Bars, Disc wheels,
high-profile wheels (38 mm max. rim
depth), or TT Framesets.

Open

Elite (category open)

Junior Open, (age 18 & under)

Master age 30+

Master age 50+

Master age 70+

(Riders on age group team must be
at least the minimum age specified
for that age group. Open Teams
may consist of any make up of
Men or Women)

THIS IS A TEAM EVENT

Team Riding, Team Confidence, Team Style, Team Smarts
& Team Safety and finish as a Team.

(Teams may draft within their team but may not draft other teams.

Teams may pass other teams when it is safe to pass.)

ALL RIDERS ON A TEAM

>>Best to wear **IDENTICAL JERSEYS**<<

MUST WEAR Helmet while riding bicycle.

Must wear Rider Number on very low back.

Bicycles a Road, Time Trial or Triathlon two wheeled bike is acceptable, must have
a working brake on each wheel.

First Team Starts: At **8:31am** and following teams at two-minute intervals
thereafter Start times are assigned in order of postmark or online date and lastly day
of event.

One following Support vehicle is allowed, No motor pacing, No driving along side,
no interfering or blocking of other teams. Drive far right, 30ft back, allow vehicles to
pass. Do Not block road.

Start Line, Registration and Parking area:

Splash Valley Aquatic Park, 1850 River Rd., Kankakee, IL
Please Carpool

Registration Entry Fee: \$120 (\$60 Juniors) per Team.

Online registration go to: https://secure.getmeregistered.com/get_information.php?event_id=7173

Team Captain on race day brings ALL Team Members signed ABR Entry/Accident Waiver and Release of
Liability forms to registration to receive rider numbers.

By mail: Team Captain mail in ALL Team Members signed ABR Entry/Accident Waiver and Release of Liability
forms with check payable to “American Bicycle Racing”

mail to: ABR, PO Box 487, Tinley Park, IL 60477-0487

Day-of Race Registration & Entry Fee: opens 7:00am **\$120 per Team Juniors \$60 per Team**

Team Captain on race day brings ALL Team Members signed ABR Entry/Accident Waiver and Release of
Liability forms to registration with entry fee to receive rider numbers.

Questions: abrlund@aol.com 708-532-7204

AWARDS:

To win ABR 4 Person Team Jersey and Medals all riders on a Team MUST be an Annual member of ONE of these organizations: ABR, ACA, CBR or OBRA. ABR Annual membership is available Online, by mail or day of event. Will be valid through 2013. ABR Annual membership is \$25 and \$10 for Juniors age 18 and under.

1st Place: Custom 4-person Team Jerseys and award medals each class.

2nd through 5th Place Custom award medals.

Team prizes are open to all Race Classes, annual and one day members.

Team (from any class) prize:

1st \$240, 2nd \$200, 3rd \$160, 4th \$140, 5th \$120, 6th \$100, 7th \$80

Women Team (all riders on Team must be Women) prize:

1st \$240, 2nd \$200, 3rd \$160, 4th \$140, 5th \$120, 6th \$100, 7th \$80



**STRAY KATS
RACING
Kankakee, IL**

Course: Start area is at **SPLASH VALLEY AQUATIC PARK**, 1850 River Rd., Kankakee, IL.

THIS COURSE IS OPEN TO TRAFFIC. Course Marshal at each turn, turn around and straight through intersections. Finish line is just East of start line. This is an out and back course on mostly flat, one overpass over I57, rolling, curving County roads consisting of asphalt and chip seal road surface in very good condition. Promoter reserves right to adjust course if conditions warrant. Course Map available race day.

Directions to course: From North or South Take Interstate 57 to Exit 308 – US 45/52 to Kankakee. At top of ramp turn left (North) onto US 45/52 and go to River Road. Turn right (East) onto River Road, go to Splash Valley Aquatic Park on right (South) side of Road.

From East or West: Take IL 17 to Kankakee. Turn South onto US-45/52 S Washington Ave, follow US45/52 to River Road, turn left (East) onto river Road go to Splash Valley Aquatic Park on right (South) side of Road.

Motels, Hotels, Bed & Breakfast: In Kankakee there are many.

Camping: Kankakee Valley Park District, Kankakee River State Park, KOA Kankakee.

Restaurants: Many in Kankakee, here are a few non-chain unique:
Jaenicke's Root Beer Stand, JR's Chicken, Monicals Pizza,

Toilets: Portable Toilets will be available at Splash Valley Aquatic Park.

Remember: **WE are Guests. But think of this area as your home, your backyard and your Town.**
No alcohol, beer, wine or illegal substances – violators are not allowed to participate.
Observe traffic laws, ride right side of right lane, do not block traffic.
Ride Safe, Ride Right, Look where you are riding, ride no closer to teammate then you feel comfortable.
What ever you brought with you take it home with you. **Leave no trace.**

Questions: call 708-532-7204 or email abrlund@aol.com

HAVE FUN

ABR Team Time Trial
Entry, Accident Waiver and Release of Liability 9/12

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, committee members, members, and agents, the event holders, event sponsors, event directors, event volunteers; and any other party, municipalities or other public entities connected with this event; (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, arising out of my traveling to or returning from 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 _____ Today's date _____

Name, printed _____ ABR Member number _____

Name of event ABR Team Time Trial Event Date: October 6, 2012

TEAM Time Trial NAME _____ Category entered _____

OR Age Group entered _____ Your age _____

Your address _____ City, State & Zip _____

Your Phone Number _____ Email Address _____

Call in case of emergency _____ Phone _____

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 _____