



AMERICAN BICYCLE RACING

2017 Rider & Official Membership Application ^{12/16}

Phone: 708-532-7204, Email: AmBikeRace@aol.com, Website: www.AmBikeRace.com

Annual Membership term is **January 1, 2017** through **December 31, 2017**

Renewing: Member #	New Member		
Name	Gender: Male	Female	Date of Birth
Address	City	State	Zip
Telephone	Email		
Club/Team			
Applying for Rider Membership: Present Ability Category circle number below, new to racing circle 5 (beginner)			
Road: 1 2 3 4 5 TT: 1 2 3 4 5 Track: 1 2 3 4 5 Off Road: 1 2 3 4 5			
New Members to ABR will be assigned to lowest category or may be assigned a higher category with attached written documentation and request to a higher category. ABR does recognize race experience, results and ability from other racing organizations /events.			
Request Upgrade or downgrade to Ability category: 1 2 3 4 5			
Applying for Official, Coach, Promoter: Official: 1 2 3 4 Coach: 1 2 3 4 Promoter: 1 2 3 4			

Informed Consent, Assumption of Risk, Waiver and Release of Liability and Entry

I am applying for membership in American Bicycle Racing, Inc. 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 collisions and falls, 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) will be used by the event holders, sponsors and organizers, and that it will govern my actions and responsibilities.

In consideration of my application and permitting me to participate in these events, I hereby: (A) Assume all risks associated with my participation; and (B) Waive, Release and Discharge the American Bicycle Racing, Inc. and each of their directors, officers, employees, volunteers, representatives, committee members, members, and agents, and the event holders, event sponsors, event directors, event volunteers; and any other party, municipalities or other public entities connected with this event, from any and all liability for my death, disability, personal injury, property damage, or loss, or injury, or actions of any kind which may hereafter accrue to me due to my participation in this event, for myself, my executors, administrators, heirs, next of kin, successors, and assigns; and (C) Agree to indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made due to my participation in this event, including my travel to and from the event.

I hereby consent to receive and be financially responsible for medical treatment, which may be deemed advisable in the event of my injury, accident and or illness.

I understand that at this event or related activities, my image may be captured and allow photo, video or film images to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and or assigns.

This document 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.

I presently do not know of any mental or physical condition, which would affect my ability to participate in bicycle races and events except for:

Signature of Applicant (must be signed in ink)

Dated

Parent or Guardian must complete this Form for Minors

I am the parent or guardian of the above listed Applicant, and assure American Bicycle Racing, Inc. that the facts listed above concerning my child or ward are true. By signing this form I am giving my permission for my child or ward to enter any bicycle race or event sanctioned by American Bicycle Racing, Inc. during the period of the membership applied for and also agree to the terms of the above listed Informed Consent, Assumption of Risk, Waiver and Release of Liability.

Signature of Parent or Guardian (Must be signed in ink.)

Dated

One Membership Fee covers all types of Membership	Racing Age is your age on December 31, 2017
Annual Membership fee for Riders with a racing age under 19 is	\$10.00
Annual Membership fee for Riders, Officials, Coaches with a racing age (80+ is Free), 19 - 79 is	\$25.00
Make check payable to: American Bicycle Racing, Inc. , and mail it with this form to: American Bicycle Racing, Inc., P.O. Box 0129, Kenosha, WI. 53141-0129	