

ADIRONDACK 540

Check the event(s) you would like to enter. Complete and sign this form and send it in with all fees. Make checks payable to: Adirondack Ultra Cycling and mail to: 7 Pearl Street, Schuylerville, NY, 12871. All funds must be in US Dollars. Online registration is available at: www.BikeReg.com. Please note that this form must be filled out and sign even if you register online. **ALL FEES ARE NON REFUNDABLE AND NON TRANSFERABLE.** Race headquarters will be at the Alpine Country Inn and Suites, located at 5647 Route 86 in Wilmington (518.946.2263/877.946.2263). All activities will take place there, or in the immediate vicinity. All riders must attend a registration/bike inspection/ rider's meeting on Thursday or Saturday. **FAILURE TO ATTEND A MEETING MAY RESULT IN A THREE HOUR PENALTY.** The Thursday night session will include a pasta dinner or BBQ, and on site registration for all events. The Saturday morning session includes on site registration for Saturday's events. All support crew members must fill out and sign the accompanying Support Crew Member Registration Form. Visit our web site (www.adkultracycling.com) for more information.

EVENT	MILES	DATE	TIME	LIMIT	LIGHTS	SOLO/TANDEM	TEAM
<input type="checkbox"/> ADK 540	544	SEPT.14.2018	8:00 AM	52H	YES	\$400 /RIDER	\$300/RIDER
<input type="checkbox"/> Golden Gallop	408	SEPT.14.2018	8:00 AM	52H	YES	\$300 /RIDER	\$200/RIDER
<input type="checkbox"/> Silver Sojourn I	272	SEPT.14.2018	8:00 AM	52H	YES	\$200 /RIDER	\$100/RIDER
<input type="checkbox"/> Silver Sojourn II	272	SEPT.15.2018	8:00 AM	28H	YES	\$200 /RIDER	\$100/RIDER
<input type="checkbox"/> Bronze Blast I	136	SEPT.14.2018	8:00 AM	52H	NO*	\$100 /RIDER	\$50/RIDER
<input type="checkbox"/> Bronze Blast II	136	SEPT.15.2018	8:00 AM	28H	NO*	\$100 /RIDER	\$50/RIDER
<input type="checkbox"/> les Truffes Voyage	136	SEPT.14.2018	8:00 AM	52H	NO*	\$100 /RIDER	N/A

* Lights are not required to start and most riders will finish before sunset, but if you are still riding after dark, they must be used or you will be disqualified.

CATEGORY: Standard Tandem Antique Fixed Single Speed Recumbent HPV Hand Cycle Other

CREW: Will you have a support crew?: Y N

TEAM/TANDEM: Each rider must register individually and pay appropriate fee. Team Name/Tandem Partner: _____

T-SHIRT: Riders receive a free T-shirt. Select size: S M L XL
 Additional shirts may be ordered at \$15 each. Specify quantity of each size: S: _____ M: _____ L: _____ XL: _____

DINNER: The Thursday evening registration/inspection/meeting includes a pasta dinner or BBQ. Riders, crews, friends and family all eat for free.

Make checks payable in US dollars to: Adirondack Ultra Cycling and mail to: 7 Pearl Street, Schuylerville, NY 12871. **TOTAL ENCLOSED: \$** _____

Name: _____ Sex: M F

Address: _____ Date of Birth: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ E-mail: _____

Emergency Contact: _____ Emergency Phone: _____

WAIVER: In consideration of being permitted to participate in any way in this Adirondack Ultra Cycling event, I, for myself, my representatives, assigns, successors, and heirs represent and agree as follows: I acknowledge that this athletic event or Activity 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 further acknowledge that the Activity will be conducted over public roads and facilities open to the public during the Activity and upon which the hazards of traveling are to be expected. If at any time I believe conditions to be unsafe I will immediately discontinue further participation in the Activity. 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:** John J. Ceceri, Jr., Adirondack Ultra Cycling, Adirondack Ultra Challenge, Saratoga Brevet Series, Saratoga 12/24, Montreal Double Double, Adirondack 540, International Federation of Ultra Cycling, American Bicycle Racing, Randonneurs USA, Audax Club Parisien, Randonneurs Mondiaux, their directors, officers, employees, volunteers, representatives and agents, the event organizers, event sponsors, event directors, event volunteers, owners of facilities used by this event and any other entity or person associated 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. 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 hereby agree to abide by the rules and regulations as set forth by the organizer and/or sanctioning bodies and I further acknowledge that this application for entry into said event can be rejected by the organizers. I understand that at this event or related activities, I may be photographed or recorded and agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event organizers, 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. I understand that I have given up substantial rights by signing this AWRL and have signed it freely and without any inducement or assurance of any nature. **BORDER CROSSING AGREEMENT (IF APPLICABLE):** I agree that I fully understand the requirements to cross the international border between the United States of America and Canada and hereby agree that I will be properly prepared for said border crossings. If I am denied entry into Canada, or re-entry into the United States of America for any reason, I will not hold any other person or entity responsible, including, but not limited to, those listed above. I further acknowledge that I will resolve the situation independent of any other person or entity, including, but not limited to, those listed above. **PARENT OR 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.

Printed Name: _____

Signature: _____ Date: _____

Signature of Parent or Guardian if under 18: _____ Date: _____

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ADIRONDACK ULTRA CYCLING

SUPPORT CREW MEMBER REGISTRATION FORM

~ ALL SUPPORT CREW MEMBERS MUST FILL OUT AND SIGN THIS FORM ~

CYCLIST'S NAME: _____ CYCLIST'S EVENT: _____

WAIVER: In consideration of being permitted to participate in any way in this Adirondack Ultra Cycling event, I, for myself, my representatives, assigns, successors, and heirs represent and agree as follows: I acknowledge that this athletic event or Activity 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 further acknowledge that the Activity will be conducted over public roads and facilities open to the public during the Activity and upon which the hazards of traveling are to be expected. If at any time I believe conditions to be unsafe I will immediately discontinue further participation in the Activity. 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:** John J. Ceceri, Jr., Adirondack Ultra Cycling, Adirondack Ultra Challenge, Saratoga Brevet Series, Saratoga 12/24, Montreal Double Double, Adirondack 540, International Federation of Ultra Cycling, American Bicycle Racing, Randonneurs USA, Audax Club Parisien, Randonneurs Mondiaux, their directors, officers, employees, volunteers, representatives and agents, the event organizers, event sponsors, event directors, event volunteers, owners of facilities used by this event and any other entity or person associated 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. 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 hereby agree to abide by the rules and regulations as set forth by the organizer and/or sanctioning bodies and I further acknowledge that this application for entry into said event can be rejected by the organizers. I understand that at this event or related activities, I may be photographed or recorded and agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event organizers, 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. I understand that I have given up substantial rights by signing this AWRL and have signed it freely and without any inducement or assurance of any nature. **BORDER CROSSING AGREEMENT (IF APPLICABLE):** I agree that I fully understand the requirements to cross the international border between the United States of America and Canada and hereby agree that I will be properly prepared for said border crossings. If I am denied entry into Canada, or re-entry into the United States of America for any reason, I will not hold any other person or entity responsible, including, but not limited to, those listed above. I further acknowledge that I will resolve the situation independent of any other person or entity, including, but not limited to, those listed above. **PARENT OR 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.

SUPPORT CREW MEMBER #1 PRINTED NAME: _____ CELL PHONE: _____

SUPPORT CREW MEMBER #1 SIGNATURE: _____ DATE: _____

SIGNATURE OF PARENT OR GUARDIAN IF UNDER 18: _____ DATE: _____

SUPPORT CREW MEMBER #2 PRINTED NAME: _____ CELL PHONE: _____

SUPPORT CREW MEMBER #2 SIGNATURE: _____ DATE: _____

SIGNATURE OF PARENT OR GUARDIAN IF UNDER 18: _____ DATE: _____

SUPPORT CREW MEMBER #3 PRINTED NAME: _____ CELL PHONE: _____

SUPPORT CREW MEMBER #3 SIGNATURE: _____ DATE: _____

SIGNATURE OF PARENT OR GUARDIAN IF UNDER 18: _____ DATE: _____

SUPPORT CREW MEMBER #4 PRINTED NAME: _____ CELL PHONE: _____

SUPPORT CREW MEMBER #4 SIGNATURE: _____ DATE: _____

SIGNATURE OF PARENT OR GUARDIAN IF UNDER 18: _____ DATE: _____

SUPPORT CREW MEMBER #5 PRINTED NAME: _____ CELL PHONE: _____

SUPPORT CREW MEMBER #5 SIGNATURE: _____ DATE: _____

SIGNATURE OF PARENT OR GUARDIAN IF UNDER 18: _____ DATE: _____

SUPPORT CREW MEMBER #6 PRINTED NAME: _____ CELL PHONE: _____

SUPPORT CREW MEMBER #6 SIGNATURE: _____ DATE: _____

SIGNATURE OF PARENT OR GUARDIAN IF UNDER 18: _____ DATE: _____

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