

Saratoga Brevet Series

The Saratoga Brevet Series is presented by Adirondack Ultra Cycling and is sanctioned by Audax Club Parisien and/or Randonneurs USA.

Check the brevets you would like to enter. Complete and sign this form and send it in with your entry fee. Make checks payable to Adirondack Ultra Cycling, and mail to: 7 Pearl Street, Schuylerville, NY 12871. All funds must be in US dollars. Brevets will be held rain or shine. Entry fees are non refundable and non transferable. Same day registration will be available beginning one hour before start time. Visit our website at: www.adkultracycling.com/brevets for more information.

All brevets start promptly, and will leave from the RBA's home at 7 Pearl Street, Schuylerville, NY or another location close by. Please give yourself adequate time to arrive, register and get ready. The RBA lives in a residential neighborhood, so if we use his home as the start, please be courteous when arriving and departing, especially if it is late at night or early in the morning. For more information, travel directions and parking instructions, visit our web site at: www.adkultracycling.com/directions.htm, or call the RBA, John Ceceri at: 518.583.3708.

All brevets will be unsupported on the road, but services will be available at most controls. Riders should plan on being self sufficient. A sampling of Hammer Nutrition products along with pocket food, bagels, muffins, fruit, coffee and juice will be provided at the start, and sandwiches, salad, snacks and drinks will be served at the finish. The 600 KM brevet may also include a supported control at about 400 KM.

SPECIAL NOTES: If you intend to use these brevets to qualify for a 1200 KM Randonnée, including PBP, you must be a member of RUSA starting with the first brevet you're going to use as a qualifier. If you need to renew your membership or join as a new member, you may do so at any of our brevets. All dates are tentative and must be officially approved by RUSA in the fall. We don't expect any problems, but if there are any changes and a pre-registered rider can not make the new date, they will be given a full refund or credit towards another Adirondack Ultra Cycling event, whichever they prefer. Otherwise, all entries are non refundable and non transferable.

EVENT	ROUTE	DATE	TIME	START	LIMIT	LIGHTS	TERRAIN	FEE
<input type="checkbox"/> 200 KM	TBD	MARCH.27.2011	7:00 AM	Schuylerville	13½ H	Optional	Rolling	\$30
<input type="checkbox"/> 300 KM	TBD	APRIL.24.2011	4:00 AM	Schuylerville	20 H	Required	Rolling	\$30
<input type="checkbox"/> 400 KM	TBD	MAY.14.2011	4:00 AM	Schuylerville	27 H	Required	Mountains	\$30
<input type="checkbox"/> 600 KM	TBD	JUNE.04.2011	4:00 AM	Schuylerville	40 H	Required	Mountains	\$60

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

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

RUSA Member: Y N Number: _____ Affiliated Club: _____

Name: _____ Sex: M F

Address: _____ Date of Birth: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

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, Ultra Marathon Cycling Association, American Bicycle Racing, Randonneurs USA, Audax Club Parisien, Randonneurs Mondiaux, their directors, officers, employees, volunteers, representatives, and agents, 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 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. 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. 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 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.

Cyclist's Printed Name: _____

Cyclist's Signature: _____ Date: _____

Signature of Parent or Guardian _____

If Cyclist is Under 18: _____ Date: _____