

# ADIRONDACK **ULTRA** CHALLENGE

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 for all of our events is available at: [www.BikeReg.com](http://www.BikeReg.com). **ALL EVENTS ARE HELD RAIN OR SHINE AND ENTRY FEES ARE NON REFUNDABLE AND NON TRANSFERABLE.** Also note that **MOTORIZED BICYCLES OF ANY KIND AND PETS ARE PROHIBITED FROM OUR EVENTS.** Riders arriving with a motorized bicycle or pet will not be permitted to participate in this event and no refund will be issued. Same day, on-site registration will be available for all of our events, unless otherwise noted on our website. We accept cash, check and credit/debit cards for all on-site purchases. Most of our events are unsupported on the road and/or in between rest stops and checkpoints, and riders are expected to be self sufficient at all times. Visit our web site at: [www.adkultracycling.com](http://www.adkultracycling.com) for more information, details, starting locations and times, and the complete schedule for this event. If you have any questions, contact Race Director John Ceceri at: 518.583.3708 | [john@adkultracycling.com](mailto:john@adkultracycling.com). **TOTAL FEES ENCLOSED:** \_\_\_\_\_

EVENT	MILES	DATE	TIME	LIMIT	LIGHTS	FEE	ROUTE	GAIN
<input type="checkbox"/> FIRST CENTURY	101	JAN.13.2019	8:00 AM	10H	NO*	\$30	FIGURE 8	2,812'
<input type="checkbox"/> FIRST FIFTY	52	JAN.13.2019	8:00 AM	10H	NO*	\$30	LOOP	1,460'
<input type="checkbox"/> SNOWBALL EXPRESS	101	FEB.24.2019	8:00 AM	10H	NO*	\$30	FIGURE 8	2,812'
<input type="checkbox"/> SNOWFLAKE LOCAL	52	FEB.24.2019	8:00 AM	10H	NO*	\$30	LOOP	1,460'
<input type="checkbox"/> HAUNTED HUNDRED	108	OCT.26-27.2019	6:00 PM	12H	YES	\$50	LOOP	3,545'
<input type="checkbox"/> MACABRE METRIC	65	OCT.26-27.2019	6:00 PM	12H	YES	\$50	LOOP	1,883'
<input type="checkbox"/> FRIGHTENING FIFTY	49	OCT.26-27.2019	6:00 PM	12H	YES	\$50	LOOP	1,539'
<input type="checkbox"/> RIVERS & LAKES CENTURY	104	NOV.11.2018	8:00 AM	10H	NO*	\$30	LOOP	3,435'
<input type="checkbox"/> RIVERS & LAKES 80	81	NOV.11.2018	8:00 AM	10H	NO*	\$30	LOOP	2,855'
<input type="checkbox"/> RIVERS & LAKES 30	31	NOV.11.2018	8:00 AM	10H	NO*	\$30	LOOP	1,312'
<input type="checkbox"/> LAST CENTURY	101	DEC.09.2018	8:00 AM	10H	NO*	\$30	FIGURE 8	2,812'
<input type="checkbox"/> FINAL FIFTY	52	DEC.09.2018	8:00 AM	10H	NO*	\$30	LOOP	1,460'

\* Lights are not required to start and most riders should finish before sunset, but if you are still riding after dark, lights must be used or you will be disqualified and/or pulled from the course.

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

**PLEASE NOTE:** Motorized bicycles of any kind and pets are prohibited from our events. Riders arriving with a motorized bicycle or pet will not be permitted to participate in this event and no refund will be issued.

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

**PLEASE NOTE:** All crew personnel must sign the support crew waiver included in this package, which will also be available the start of this event.

**NAME:** \_\_\_\_\_ **GENDER:**  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, athletic condition, dehydration, malnutrition, equipment, vehicular traffic, actions of other people including, but not limited to: participants, volunteers, spectators, unassociated bystanders, coaches, event officials and/or monitors and/or producers. These risks are not only inherent to athletes, but are also present for volunteers, crew, officials, etc. I hereby assume all 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 this 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 general 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 this activity. I acknowledge that this Accident Waiver and Release of Liability (AWRL) form will be used by the event producers, holders, sponsors and organizers, and that it will govern my actions and responsibilities at said event. 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, American Bicycle Racing, Randonneurs USA, Audax Club Parisien, Randonneurs Mondiaux, The Champlain Canalway Trail Working Group, Hudson Crossing Park, NYS Canal Corporation, Lakes to Locks Passage, Feeder Canal Alliance, 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 agreement 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 set forth by the organizer and/or sanctioning bodies and I further acknowledge that this application for entry into this event may be rejected by the organizers for any reason. 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 law. I hereby certify that I have read this document and 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. **MOTORIZED BICYCLE AGREEMENT:** I agree that I will use a bicycle propelled solely by human force and will not use a motorized bicycle of any kind, including, but not limited to: e-bikes and pedal assist bicycles, and that if I arrive with such a bicycle, I will not be permitted to participate in this event and no refund will be issued. **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/GUARDIAN IF UNDER 18:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

[WWW.ADKULTRACYCLING.COM](http://WWW.ADKULTRACYCLING.COM) | 518.583.3708

# 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, athletic condition, dehydration, malnutrition, equipment, vehicular traffic, actions of other people including, but not limited to: participants, volunteers, spectators, unassociated bystanders, coaches, event officials and/or monitors and/or producers. These risks are not only inherent to athletes, but are also present for volunteers, crew, officials, etc. I hereby assume all 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 this 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 general 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 this activity. I acknowledge that this Accident Waiver and Release of Liability (AWRL) form will be used by the event producers, holders, sponsors and organizers, and that it will govern my actions and responsibilities at said event. 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, American Bicycle Racing, Randonneurs USA, Audax Club Parisien, Randonneurs Mondiaux, The Champlain Canalway Trail Working Group, Hudson Crossing Park, NYS Canal Corporation, Lakes to Locks Passage, Feeder Canal Alliance, 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 agreement 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 set forth by the organizer and/or sanctioning bodies and I further acknowledge that this application for entry into this event may be rejected by the organizers for any reason. 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 law. I hereby certify that I have read this document and 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. **MOTORIZED BICYCLE AGREEMENT:** I agree that I will use a bicycle propelled solely by human force and will not use a motorized bicycle of any kind, including, but not limited to: e-bikes and pedal assist bicycles, and that if I arrive with such a bicycle, I will not be permitted to participate in this event and no refund will be issued. **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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