

ADIRONDACK **ULTRA** CHALLENGE

The Adirondack Ultra Challenge is presented by Adirondack Ultra Cycling. Check the events you would like to enter. Complete and sign this form and send it in with the entry fees. Make checks payable to Adirondack Ultra Cycling, and mail to: 7 Pearl Street, Schuylerville, NY 12871. All funds must be in US dollars.

Rides will be held rain or shine. If there is a chance of snow, ice or other dangerous conditions on our winter rides, they will be postponed and rescheduled. If that occurs, and a pre registered rider can not make the new date, they will be given a full refund or credit towards another ride, whichever they prefer. Otherwise, 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/challenge for more information.

All rides start promptly. Please give yourself adequate time to arrive, register and get ready. All rides will leave from 7 Pearl Street, Schuylerville, NY, which is in a residential neighborhood. Please be courteous when arriving and departing, especially if it is late at night or early in the morning. For travel directions and parking instructions, visit our website, or call the event director John Ceceri at: 518.583.3708.

Lights and reflective gear are required from dusk to dawn. On some of our rides the time limit expires after dusk, but most riders should finish before sunset. On these rides we do not require lights, but it is solely the rider's responsibility to have proper lighting in the event they are still riding after dark. Anyone caught riding in the dark without lights and reflective gear will be immediately disqualified from that event. To download our rider checklist, which includes our minimum lighting requirements, visit our website.

All rides will be unsupported on the road, but services will be available on the route. 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.

EVENT	MILES	DATE	TIME	START	LIMIT	LIGHTS	TERRAIN	FEES
<input type="checkbox"/> Haunted Hundred	102	OCT.23.2010	6:00 PM	Schuylerville	10H	Required	Rolling	\$25
<input type="checkbox"/> Rivers & Lakes Century	103	NOV.06.2010	8:00 AM	Schuylerville	10H	Not Required	Rolling	\$25
<input type="checkbox"/> Last Century	102	DEC.04.2010	8:00 AM	Schuylerville	10H	Not Required	Rolling	\$25
<input type="checkbox"/> First Century	102	JAN.08.2011	8:00 AM	Schuylerville	10H	Not Required	Rolling	\$25
<input type="checkbox"/> Snowball Express	102	FEB.19.2011	8:00 AM	Schuylerville	10H	Not Required	Rolling	\$25
<input type="checkbox"/> Adirondack 540 Preview	136	JUN.25.2011	7:00 AM	Wilmington	12H	Not Required	Mountains	FREE!

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

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 either Canada or the United States of America for any reason, I will not hold any other person or entity responsible and further acknowledge that I will resolve the situation independent of any other person or entity, including, but not limited to: the event organizers, their directors, officers, employees, volunteers, representatives, sponsors, agents, etc. **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.

Cyclist's Printed Name: _____

Cyclist's Signature: _____ Date: _____

Signature of Parent or Guardian _____

If Cyclist is Under 18: _____ Date: _____

WWW.ADKULTRACYCLING.COM | 518.583.3708