

2008 ADIRONDACK ULTRA CHALLENGE ENTRY FORM

Check the events you would like to enter. Complete and sign this form and send it in with your any applicable 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. Otherwise, entry fees are non refundable and non transferable. Same day registration will be available beginning one hour before start time.

Most rides will be unsupported, but services will be available on the route. Riders should plan on being self sufficient. A mixture of Hammer Nutrition products, pocket food, bagels, muffins, fruit, coffee and juice will be available at the start, and sandwiches, salad, snacks and drinks will be served at the finish.

All rides start promptly. Please give yourself adequate time to arrive, register and get ready. Most rides leave from the RBA's home at 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 more information, parking instructions and directions, visit our web site at: www.adkultracycling.com, or call the event director John Ceceri at: 518.583.3708.

EVENT	MILES	FEE	START DATE	START TIME	TIME LIMIT	LIGHTS
<input type="checkbox"/> First Century	100	\$20	January 06, 2008	8:00 AM	10H	Required
<input type="checkbox"/> Snowball Express	100	\$20	February 24, 2008	7:00 AM	10H	Optional
<input type="checkbox"/> Lake Placid 250	250	\$30	May 10, 2008	4:00 AM	24H	Required
<input type="checkbox"/> Schroon Lake I	125	\$20	June 21, 2008	7:00 AM	13H	Optional
<input type="checkbox"/> ADK 540 Preview	136	FREE	July 27, 2008	7:00 AM	13H	Optional
<input type="checkbox"/> Schroon Lake II	125	\$20	August 24, 2008	7:00 AM	12H	Optional
<input type="checkbox"/> Schroon Lake III	125	\$20	September 21, 2008	7:00 AM	12H	Optional
<input type="checkbox"/> Haunted Hundred	100	\$20	October 25, 2008	6:00 PM	10H	Required
<input type="checkbox"/> Rivers & Lakes Century	100	\$20	November 09, 2008	7:00 AM	10H	Optional
<input type="checkbox"/> Last Century	100	\$20	December 07, 2008	8:00 AM	10H	Required

Category: Solo Tandem Fixed Antique HPV Recumbent Hand Cycle Other

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

Sex: M F Date of Birth: _____

WAIVER: In consideration of being permitted to participate in any way in the Adirondack Ultra Challenge, 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 &/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, First Century, Snowball Express, Lake Placid 250, Schroon Lake I, II & III, ADK 540 Preview, Haunted Hundred, Rivers & Lakes Century, Last Century, 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. 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.

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: _____