

2008 MONTREAL DOUBLE DOUBLE ENTRY FORM

Complete and sign this form and send it in with any applicable fees. Make checks payable to: Adirondack Ultra Cycling and mail to: 7 Pearl Street, Schuylerville, NY, 12871. Funds must be in US Dollars. Event is held rain or shine. Day of event registration will NOT be available. Entry deadline is July 15, 2008.

This event requires a minimum number of participants. If that level is not met and the event is cancelled, all fees will be returned. Otherwise, they are non refundable.

All participants must be over 18, unless accompanied by their parent or guardian.

This event crosses the international border between the United States and Canada. All participants must have proper paperwork to meet border crossing requirements.

The entry fee will include following: sag support, gear shuttle and rider food on Friday and Sunday and overnight accommodations for Friday and Saturday nights.

A limited number of non rider spaces will be available. Please contact us for details and pricing.

We also have several openings for working volunteers. They would be required to use their own vehicle to help us support the ride and shuttle gear, and would be expected to meet the group at designated locations. All expenses will be paid, including food, gas and hotel. If you're interested in helping, fill out this form and we'll contact you with the details.

For more information, visit our web site at: www.adkultracycling.com, or call the event director, John Ceceri at 518.583.3708.

PARTICIPATION	FEE	MILES	DATES	LIGHTS
<input type="checkbox"/> Rider	\$ 375.00	400	August 8th - 10th, 2008	Required
<input type="checkbox"/> Volunteer	N/A	N/A	August 8th - 10th, 2008	N/A

Category: Solo Tandem Fixed Antique HPV Recumbent Hand Cycle Other

All rooms are double occupancy. If you would like to share a room with someone specific, please list their name here: _____

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 Montreal Double Double, 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, Montreal Double Double, 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: _____