## ADIRONDACK 540

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 is available at: www.BikeReg.com. Please note that this form must be filled out and sign even if you register online. ALL FEES ARE NON REFUNDABLE AND NON TRANSFERABLE. Race headquarters will be at the Alpine Country Inn and Suites, located at 5647 Route 86 in Wilmington (518.946.2263/877.946.2263). All activities will take place there, or in the immediate vicinity. All riders must attend a registration/bike inspection/rider's meeting on Thursday or Saturday. FAILURE TO ATTEND A MEETING MAY RESULT IN A THREE HOUR PENALTY. The Thursday night session will include a pasta dinner or BBQ, and on site registration for all events. The Saturday morning session includes on site registration for Saturday's events. All support crew members must fill out and sign the accompanying Support Crew Member Registration Form. Visit our web site (www.adkultracycling.com) for more information.

	EVENT		MILES		DATE	TIME	LIMIT	LIGHTS	SOLO	TANDEM	TE	EAM
☐ ADK 540			544 SEPT.14.2018		8:00 AM	52H	YES	\$400 /RIDER		\$300/RIDER		
	Golden Gallop		408	SEF	PT.14.2018	8:00 AM	52H	YES	\$300 /RIDER		\$200/RIDER	
	Silver Sojo	Silver Sojourn I 272 SEPT.14.20 Silver Sojourn II 272 SEPT.15.20		PT.14.2018	8:00 AM	52H	YES	\$200	/RIDER	ER \$100/RIDER		
	Silver Sojo			PT.15.2018	8:00 AM	28H	YES	\$200	\$200 / RIDER		\$100/RIDER	
	Bronze Bl	ast I	136	SEF	PT.14.2018	8:00 AM	52H	NO*	\$100	/RIDER	\$50/	RIDER
	Bronze Bl	ast II	136	SEF	PT.15.2018	8:00 AM	28H	NO*	\$100	/RIDER	\$50/	RIDER
	les Truffes	s Voyagé	136	SEF	PT.14.2018	8:00 AM	52H	NO*	\$100	/RIDER	N	J/A
* Li	ghts are not re	quired to start	and most rider	s will fir	nish before sunset	, but if you are still	l riding after dark, they	must be used or you v	vill be disquali	fied.		
CA	TEGORY:	☐ Standard	☐ Tand	em	Antique	☐ Fixed	☐ Single Speed	Recumbent	HPV	Hand (	Cycle	Other
CR	EW:	Will you hav	e a support c	rew?:	Y	□N						
TEA	AM/TAND	<b>ЕМ:</b> 🔲 Еа	ich rider mus	registe	er individually a	nd pay appropria	ate fee. Team Name	Tandem Partner:				
T-S	HIRT:	Riders receiv	ve a free T-shi	rt. Sele	ect size:	$\square$ s	☐ M	L	$\square$ XL			
		Additional sl	nirts may be o	rdered	at \$15 each. Sp	ecify quantity of	f each size:	S: N	И:	L:	_ XL:	
<b>DINNER:</b> The Thursday evening registration/inspection/meeting includes a pasta dinner or BBQ. Riders, crews, friends and family all eat for free.										ree.		
Mak	ke checks pay	able in US do	llars to: Adir	ondack	Ultra Cycling a	nd mail to: 7 Pea	arl Street, Schuylervi	lle, NY 12871.	TOTAL E	NCLOSED:	\$	
Nan	ne:								_ Sex:	□ M □ 1	F	
City	7:						State:		Zip:			
Cell	l Phone:						E-mail:					
Eme	ergency Cont	tact:				Emergen	cy Phone:					
that the terral and for that I possis will I furth my accessing and f 540, organ in this event said covern that GR borde acknown and I liam.	this athletic even in, facilities, ten or producers of the liability may aris ble liability with be conducted owner participation ctions and respons as follows: (A) iron this event, T. International Fenizers, event spons as follows: (a) is paragraph from the conduction of injury, accide event can be rejected to repair the comment, and, I we conduct the comment, and, I we consider the reconstitute of the conduction of the c	t or Activity is an apperature, weather the event, and lack the form negligence out fault. I certifyer public roads and in the Activity. It is a said to Waive, Release a feet of the following the fo	extreme test of a cr, condition of atla cr, condition of atla condition of atla condition of atla condition of atla disconsisted disconsisted disconsisted acknowledge that events. In consideration and Discharge from MG ENTITIES Of Cycling, America tors, event volum lities or claims moduring this event zers. I understam organizers and or ontent. I understate agree that I fully nto Canada, or reation independent and or legal guardia whatsoever which	person's alletes, equese risks on the pab this Acciration of many and R PERSO in Bicycle teers, ow ade by other assigns, and that I understance-entry in of any other many be in may be in the second succession.	physical and mental uipment, vehicular t are not only inherer tr of the persons or ave sufficiently train lic during the Activident Waiver and Reimy application and plall liability for my do DNS: John J. Ceceri Racing, Randonneu ners of facilities used her individuals or en agree to abide by the his event or related a This AWRL shall be have given up substand the requirements atto the United States her person or entity, ereby represent that I mposed upon said parts of the of the proposed upon said parts of the or the said parts of the proposed upon said parts of the person or said parts of the proposed upon said parts of the person or sai	limits and carries wit raffic, actions of other at to athletics, but are entities being release ed for participation in ty and upon which the lease of Liability (AW permitting me to participation), Jr., Adirondack Ultr rs USA, Audax Club Fd by this event and any titles as a result of any erules and regulation ctivities, I may be ploted to the construed broadly to intial rights by signing to cross the internation of America for any reincluding, but not line lease in fact, actinities because of any directions of the construction of the construction of the construction of the cross the internation of the construction of the cross the internation of the construction of the cross the internation of the cross the cross the internation of the cross the internation of the cross the internation of the cross the cross the internation of the cross the internation of the cross the cross the internation of the cross the cros	g event, I, for myself, my reh it the potential for death repeople including, but not also present for volunteers d, from dangerous or defeath the event and have not be hazards of traveling are to RL) form will be used by the interpretation of the event, I here and injury, property damaga a Cycling, Adirondack Ultrarisien, Randonneurs More of the entity or person asset of the provide a release and waity this AWRL and have sign onal border between the Uleason, I will not hold any on itted to, those listed aboveng in such capacity and agreefect in or lack of such capacity	serious injury and proper limited to, participants, vo. 1 hereby assume all of the ctive equipment or proper en advised otherwise by a be expected. If at any tin he event holders, sponsors by take action for myself, ge, property theft or action ra Challenge, Saratoga Breadiaux, their directors, officiated with this event; (Be event. I hereby consent to zer and/or sanctioning boat agree to allow my photo, er to the maximum extent ed it freely and without an inted States of America and ther person or entity respendents. Parkent of Guardia and the person or entity respendents of the save and hold harmles city to so act and release save and release	ty loss. The risk olunteers, spectar e risks of particip et yowned, main qualified medica are I believe condit and organizers, my executors, are so of any kind where the second in the second receive medical dies and I further video or film like permissible und y inducement or d Canada and he onsible, including AN WAIVER Fess and indemnify	as include, but are no tors, coaches, event bating and/or volum tained or controlled I person. I further a titions to be unsafe I in which I may part dministrators, heirs ich may hereafter ac oga 12/24, Montrea volunteers, represe Hold Harmless the treatment which may a caknowledge that eness to be used for- ler applicable law. II assurance of any nail reby agree that I will g, but not limited to OR MINORS (UN	ot limited to, officials, and officials, and officials, and of teering in this teering in this highlight of the control of the teering of the control of the	those caused by event monitors, event. I realize because of their hat the Activity tely discontinue at it will govern successors, and my traveling to lole, Adirondack gents, the event sons mentioned advisable in the in for entry into purpose by the that I have read ER CROSSING repared for said above. I further LRS OLD): The d to above from
Sign	nature:							Date:				
Signature of Parent or Guard			dian if under 18:					Date:	Date:			

## 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:	
that this athletic event or Activity is an extreme test of a person's physical and mental limits and carriesterrain, facilities, temperature, weather, condition of athletes, equipment, vehicular traffic, actions of ot and/or producers of the event, and lack of hydration. These risks are not only inherent to athletics, but that liability may arise from negligence or carelessness on the part of the persons or entities being relepossible liability without fault. I certify that I am physically fit, have sufficiently trained for participation will be conducted over public roads and facilities open to the public during the Activity and upon which further participation in the Activity. I acknowledge that this Accident Waiver and Release of Liability (A my actions and responsibilities at said events. In consideration of my application and permitting me to passigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, peand from this event, THE FOLLOWING ENTITIES OR PERSONS: John J. Ceceri, Jr., Adirondack U 540, International Federation of Ultra Cycling, American Bicycle Racing, Randonneurs USA, Audax Cluorganizers, event sponsors, event directors, event volunteers, owners of facilities used by this event and in this paragraph from any and all liabilities or claims made by other individuals or entitles as a result of event of injury, accident and or illness during this event. I herby agree to abide by the rules and regulation event of injury, accident and or illness during this event. I herby agree to abide by the rules and regulation event organizers, producers, sponsors, organizers and or assigns. This AWRL shall be construed broadly this document; and, I understand it's content. I understand that I have given up substantial rights by sign AGREEMENT (IF APPLICABLE): I agree that I fully understand the requirements to cross the intern border crossings. If I am denied entry into Canada, or re-entry into the United States of America for any acknowledge that I will resolve the	ling event, I, for myself, my representatives, assigns, successors, and heirs represent and agree as follows: I acknowl with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those cause ther people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitare also present for volunteers. I hereby assume all of the risks of participating and/or volunteering in this event. I recased, from dangerous or defective equipment or property owned, maintained or controlled by them or because of in in the event and have not been advised otherwise by a qualified medical person. I further acknowledge that the Act the hazards of traveling are to be expected. If at any time I believe conditions to be unsafe I will immediately discont WWRL) form will be used by the event holders, sponsors and organizers, in which I may participate and that it will go articipate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, ersonal injury, property damage, property theft or actions of any kind which may hereafter accrue to me or my travelia litra Cycling, Adirondack Ultra Challenge, Saratoga Brevet Series, Saratoga 12/24, Montreal Double Double, Adiron ab Parisien, Randonneurs Mondiaux, their directors, officers, employees, volunteers, representatives and agents, the cany other entity or person associated with this event; (B) Indemnify and Hold Harmless the entities or persons menticany of my actions during this event. I hereby consent to receive medical treatment which may be deemed advisable in ions as set forth by the organizer and/or sanctioning bodies and I further acknowledge that this application for entry photographed or recorded and agree to allow my photo, video or film likeness to be used for any legitimate purpose by to provide a release and waiver to the maximum extent permissible under applicable law. I hereby certify that I have hing this AWRL and have signed it	ed by ed by ittors, ealize their tivity tinue overn dack event ioned n the r into y the tread rther r said rther from
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:	
	DATE:	
SIGNATURE OF PARENT OR GUARDIAN IF UNDER 18:	DATE:	

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