

ASPEN CYCLING CLUB, INC. REGISTRATION FORM

OFFICE USE ONLY

DATE	PAID	WAIVER	INS.	MEMBER	TX	NUMBER	CATEGORY

.....
please print

Last Name

First Name

Address

City

State ZIP Birthday (month/day/year)

Phone

Age (as of final day of this year)

Sex: M F

Email address: _____

If you would like your email address added to the ACC distribution list (for receiving results, etc.), please check box:

Team affiliation (optional): _____

In case of emergency, contact:

Name

Phone

RACING CATEGORIES

Please check the category you intend to race for this season.

Once you are in a category you can change, but you will not be able to transfer your points.

- A - Senior Men (19-34)
- A - Veteran Men (35-49)
- Sport - Senior Men (19-34)
- Sport - Veteran Men (35-49)
- A - Senior Women (19-34)
- Sport - Senior Women (19-34)
- Veteran Women (35-49)
- Middle School Boys
- High School Boys
- Middle School Girls
- High School Girls
- Masters - Men (50-59)
- Masters - Women (50-59)
- Grand Masters Men (60-69)
- Grand Masters Women (60-69)
- Super Grand Masters Men (70+)
- Kids' Series: 6-13

Note: Non-junior participants may race in younger categories. High/Middle School may race in the Senior category. Seniors must race in their age category.

Membership Fees:

High/Middle School & Kids (membership and races free) **FREE**

Individual (membership only; race fees additional*) \$65 _____

Family (membership only; race fees additional*) \$65/\$35 _____

(\$65 for first family member, \$35 each additional member. Submit separate registration forms for each family member.)

Tax-deductible Donation \$ _____

(Aspen Cycling Club is a 501(c)3 nonprofit organization. A tax receipt will be provided for your donation.)

Race Packages: (Includes a discount for all race entries and membership! You must still check in prior to the start of each race.)

Race Package: Road & Mountain \$135 _____

Race Package: Road \$105 _____

Race Package: Mountain \$95 _____

*Race fee for members is \$5.00 per race.

FEES ENCLOSED \$ _____

Complete this form, attach your check, and mail to: Aspen Cycling Club, PO Box 4945, Aspen, CO 81612
Remember to complete, sign, and return your waiver. You will not be able to race without a completed and signed waiver.

ASPEN CYCLING CLUB PARTICIPATION RELEASE

2014 SEASON

I acknowledge that this athletic event 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, event monitors, promoters of the event, and improper hydration, nutrition, training and preparation. These risks are not only inherent to athletes, but are also present for volunteers. 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) I fully release and discharge from any and all liability the Aspen Cycling Club, its officers, directors, employees, members, volunteers, representatives, agents, event holders, event sponsors, event directors, event volunteers, and event officials from any and all liability for any act of negligence or otherwise that might result in my death, disability, personal injury, property damage, loss of property, or any other action of any kind which may hereafter accrue to me. I freely waive any and all rights to file a claim or commence litigation against any of the entities mentioned above with respect to any claim of negligence I may have that is in any way related to my participation in this event.
- B) I agree to indemnify and hold harmless the entities or persons mentioned in Section A above from any and all claims made by any other individual or entity relative to my participation in this event, or any injuries, losses or damages that result from it.

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 am aware that this event is not an event permitted by USA Cycling and that USA Cycling insurance does not apply.

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, promoters, sponsors, organizers and/or assigns. I hereby assume all of the risks of participating and/or volunteering in this event.

I realize that there may be acts or omissions, negligence or carelessness on the part of the persons or entities being released. I realize that there may be dangerous or defective equipment or property owned, maintained or controlled by them. 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 acknowledge that this Aspen Cycling Club Accident Waiver and Release of Liability form will be used by all entities involved in this event and that it will govern my actions and responsibilities at these events.

This Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I hereby certify that I have had a reasonable opportunity to read this document, that I have read this document, and that I understand its contents.

Name (print) : _____

CLASS / CATEGORY ENTERING: _____

Address : _____

CITY _____ STATE _____ ZIP _____ Club Name _____

Telephone # (work): _____ (home) _____ Racing Age: _____

Email Address: _____

Emergency Contact: _____ Phone: _____

SIGNATURE OF ENTRANT : _____ Date _____

PARENT OR GUARDIAN FOR MINORS (UNDER 18 YEARS OF AGE)

The undersigned parent and/or natural guardian or legal guardian does hereby represent that he/she is, in fact acting in such capacity and agrees to 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 and/or legal guardian.

Signature of Parent or Guardian of Minor _____ Date _____