RACERS, TRIATHLETES, AND ALL CYCLING ENTHUSIASTS WELCOME! CATEGORIES FOR ALL



ABD Cycling presents the 8th Annual

INDOOR TIME TRIAL SERIES



Over \$3,000 in prizes for daily & overall winners!

FASTEST FLAT 10k + FASTEST ROLLING 10k + John Fraser OUTDOOR TT QUALIFY FOR OVERALL

FASTEST RIDER CHALLENGE: 3 FASTEST MEN AND WOMEN AT EACH EVENT: \$50/\$30/\$20

ALL PARTICIPANTS ELIGIBLE FOR PROFILE EQUIPMENT RAFFLE AT EACH EVENT!

NEW Venue for 2007... SMACK DAB IN THE MIDDLE OF OUR WINFIELD CRITERIUM COURSE!

2007 INDOOR TT SERIES SCHEDULE

SERIES OPENER: SUN, Jan. 7th, 2007 - FLAT 10k @ WINFIELD MIDDLE SCHOOL

TT #2 - SUN, Jan. 28th - ROLLING 10k @ WMS

TT #3 - SUN, Feb. 18th - FLAT 10k @ WMS

TT #4 - SUN, Mar. 4th - ROLLING 10k @ WMS

Series Finale - SUN, April 1st: John Fraser Memorial Outdoor TT

PLUS PRIZES & SPECIAL EVENT DAY DEALS COURTESY OF OUR SPONSORS!

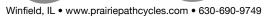
















Your Fastest <u>Flat 10k AND Rolling 10k AND JFMTT</u> times count towards ABR's Rider Of The Year Standings and the 2007 Mid America Time Trial Series, (MATTS) w/over \$5,000 in Cash & Prizes! go to www.AmBikeRace.com for details

PROMOTED BY: THE ABD CYCLE CLUB, HELD UNDER ABR EVENT PERMIT

go to www.abdcycling.com for more Info and ONLINE registration!

2007 ABD CYCLE CLUB INDOOR/OUTDOOR TIME TRIAL SERIES

For race information or to register online, go to www.abdcycling.com

New Venue & Courses!!! "Flat & Rolling 10k's" @ Winfield Middle School "WMS"

NAME (last name 1 st):							
ADDRESS:	•	А РТ. #					
Сітү:		STATE: ZIP:					
Phone:			E-MAIL:				
CLUB (if applicable) :		(Enter "Unattached" if not applicable)					
Racing Age 2007:		ABR Lisc #:		(No license enter "Purchasing" or "Citizen")			
		ual licenses can be purchas	ed at the race. Note	No license required for	r Citizen Cate	gories	
	ABR CAT	TEGORIES	EGORIES		Enter CATEGORY HERE		
OPEN/MEN CAT	Places	WOMEN CAT	Places	1 st Race	2 nd F	₹ace	
Jr. 15 & UNDER**	3	Jr. 15 & UNDER**	3	"PRIMARY CAT"	"SECON	ID CAT"	
Jr. 16 & OVER**	3	Jr. 16 & OVER**	3				
CAT 4 CAT 3	5	Women 4 Women Open	5 5				
CAT 1/2	5			*Please Check Date(s)*			
MASTERS 30+ 60-64		MASTERS 40+ 70+		RACE	D ATE (2007)	EVEN	
40+ 65-69	5	50+	5	TT # 1 "Flat 10k"	Sun. 1/7	WMS	
50+ 70+ 80+		60+		TT # 2 "Rolling 10k"	Sun. 1/28	WMS	
L KILLING			<u> </u>	TT # 3 "Flat 10k"	Sun. 2/18	WMS	
CITIZEN CATEGORIES (INELIGIBLE FOR MATTS)				TT # 4 "Rolling 10k"	Sun. 3/4	WMS	
OPEN/MEN CAT Jr. 15 & UNDER	Prizes 3	WOMEN CAT Jr. 15 & UNDER	Prizes –	TT # 5 "John Fraser"	Sun. 4/1	Mpl. Pk	
Jr. 16 & OVER	3	Jr. 16 & OVER	3	11 // 0 001/11 14001	Outil 171	I Wipi. I K	
19-29	3	19-29	3 _	*Please Check One*			
30-39	3	30-39	3	DESIRED START TIME			
40-49	3	40-49	3	1 st Choice	2nd Choice		
50+		50+	3	Before 10:00	Befor	re 10:00	
DDOMOTED DESER	THE FIN	E PRINT OHT TO COMBINE CATEGORIES		10:00-11:30	10:0	0-11:30	
		COMBINED FOR MATTS POINTS		11:30-1:00		30-1:00	
ROTY POINTS BAS	SED OFF YO	<u>UR</u> SINGLE FASTEST INDOOR		1:00-2:30	 	0-2:30	
		ING" RESULTS I-JOHN FRASER EVENT ONLY		After 2:30 (if available)	1 1	30 (if available	
REQUESTED COM	1-JOHN FRASER EVEN	1 ONLY	2 nd CATEGORY RACERS ONLY				
or Specific Star (Juniors <15, please	rt Time			Desired Amt. of Time	TACERS ON	<u></u>	
you'd like to race 5k or 10k)				Between 2 nd Race		Mir	
		FE	ES				
NUMBER OF RACES [x \$	22 per race (Juniors \$12)	** See Discount Be	low** =			
LATE FEE = Entries pos	tmarked sever	n days prior to race, ADD \$3	per race (not appl	icable to 2 nd race) ////			
2 nd RACE OF DAY	x \$1	17 per race ** See Discour	nt Below**	=			
		or ALL 5 races NOW for ju ory ALL 5 races NOW for					

To Register for the 2007 ABD TT Series send completed form along with check or money order payable to: ABD Cycle Club, 2357 Highwood Court, Aurora, IL 60503-8573

2007 Accident Waiver and Release of Liability

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, 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 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: American Bicycle Racing, Inc., Community Middle School District 34, 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 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 docume	ent; and, I understand it's c	ontent.			
Signature of entran	t:		A	ABR member number:		
Name of event : AB	ame of event : ABD 2007 Indoor Time Trial Series			Today's date:		
Date of events:			2/18/07 Indoor TT #3 e above date(s) is covered by	3/04/07 Indoor TT #4 this single waiver)	4/1/07 Outdoor JFM TT	
Name, printed:						
Your address: City, State & Zip:						
Your Phone Number	er:		Email Address:			
Call in case of emergency:			Ph			
Ability Category En	tered:	OR Age Group E	Entered:	Racing Age:		
Racing club:		(if none enter "Una	attached")			
	PARENT GUA	ARDIAN WAIVEI	R FOR MINORS	(Under 18 Years	Old)	
• •	· ·	0 0			capacity and agrees to save e 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

Signature of Parent of Guardian

legal quardian.