



2008 Race Series

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TUESDAY NIGHT TIME TRIALS

Last Name First Name

Address City State Zip

Phone Number Emergency Contact Name and Phone Number

Email Address

Age Race Day Date of Birth M F Gender

Team Name (Team Consists of 3-5 People. All Team Members must also submit a registration form and signed waiver)

Rider #1: Rider#2 Rider #3

Rider#4: Rider#5

\*\*All participants must sign and date an ABR Waiver prior to racing at pre-race registration.

Fee Schedule:

Individual Entry

- \$13 per race (\$15.00 Race Day)
\$85 for entire series (7 races)

Team Entry

- \$40 per event (\$50 Race Day)
\$135 for entire series (3 Races)

Make check payable to Cadence Multisports and send along with registration form to:

TNT c/o
Cadence Multisports
3025 Utah Ave N
Crystal, MN 55427

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I acknowledge that the TNT 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, spectators, volunteers, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. I hereby assume all the risks of participating in this event. I certify that I am physically fit, have sufficiently trained for participation in the TNT, 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 the responsibilities at said event. In consideration of my application and permitting me to participate in the TNT, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: 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 PERSON(S): City of Medina, City of Medina Sheriff's Department, Hennepin County, Cadence Multisports, Gear West, 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 person(s) mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of my actions during the TNT. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident and/or illness during the event. I understand that at this event 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 release and waiver to the maximum extent permissible under applicable law: I hereby certify that I have read this document; and, I understand its content.

Participant Signature Date

Parent/Guardian Signature (if under18) Date