

RACE SERIES GUIDE



**ACA RACE PERMIT
CO-0804**



CULT CROSS



<http://cultcross2008.blogspot.com/>

March 15th and 16th, April 5th. Spring CX series in Eagle County
Race venues currently include the Eagle County Fairgrounds, Gypsum Rec Center and Possibly Nottingham Lake in Avon.

3/15/2008

Directions to the Eagle Fairgrounds; I-70 to the Eagle Exit (not Eagle/Vail). South on Eby Creek road, turn right at the first light (Chambers). Follow Chambers to the Fairgrounds on the left. (under a mile).

3/16/2008

To Gypsum Rec Center; I-70 to Gypsum Exit. Go left and straight through roundabout (hwy 6). First light is Valley road. Turn right at that light, follow valley road approx. a mile to Gypsum Rec Center on the left.

4/5/2008

Nottingham Park, Avon....venue pending, Eagle Fairgrounds as alternate

Prizes will be three deep per category based on total points for the three race series

Points awarded to top 10 in each race, 1st/100, 2nd 85, 3rd/80, 4th 75, 5th 70, 6th 65, etc.

Brought to you by the Mountain Pedaler, Cyclocross Magazine and Squirt Lube
Larry Grossman/Keller Williams Mountain Properties/Promoter and Race Announcer!

Juniors	8:50am	30 min	FREE
SM 45+,55+,65+	9:30am	45 min	\$25
SM Men 35	10:35am	45 min	\$25
Cat 4 Men	11:30am	45 min	\$25
Cat 3 Men	12:25pm	45 min	\$25
Cat4 35+ Beg Wm	1:21pm	45 min	\$25
Cat 1/2/3 Open Women	1:20pm	45 min	\$25
Pro 1/2 Open Men	2:15pm	60 min	\$25



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\$25 entry per event, ACA license required, No Refunds Registration day of event only

Call Larry Grossman @ 970-376-1244 for info/cultcross2008@yahoo.com

Prize Value \$100-\$200 per Category. PRO 1/2 OPEN FIELDS cash three deep

**NON ACA LICENSED RIDERS INCLUDE \$10 ONE DAY ENTRY FEE,
REGISTRATION CLOSSES 15 MINUTES PRIOR TO CATEGORY RACE.**



In addition to the scheduled races, there will be a “fun” class race that will start one minute behind the junior race at 9am. This race will be for anyone who wants to “check out” cyclocross racing in a no pressure environment. This fun race will be two laps and there is no entry fee. All participants will be required to sign an ACA liability release.





ENGVE FAIRGROUNDS



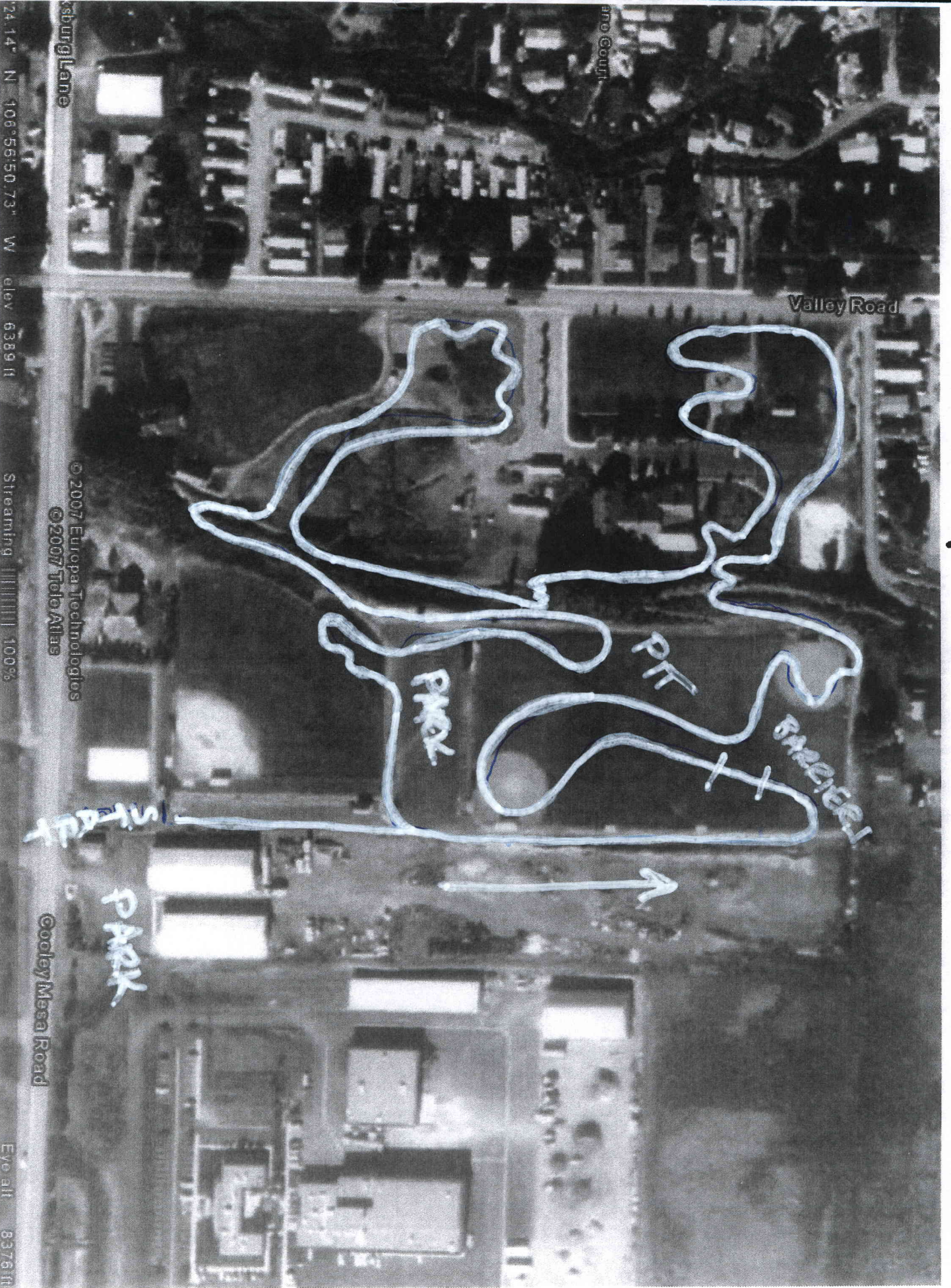
Pointer: 39°39'03.46" N 106°50'23.96" W elev: 8544 ft

Streaming 100%

© 2007 Europa Technologies
© 2007 Tele Atlas

Eye alt: 8956 ft

Gypsum Rec Center

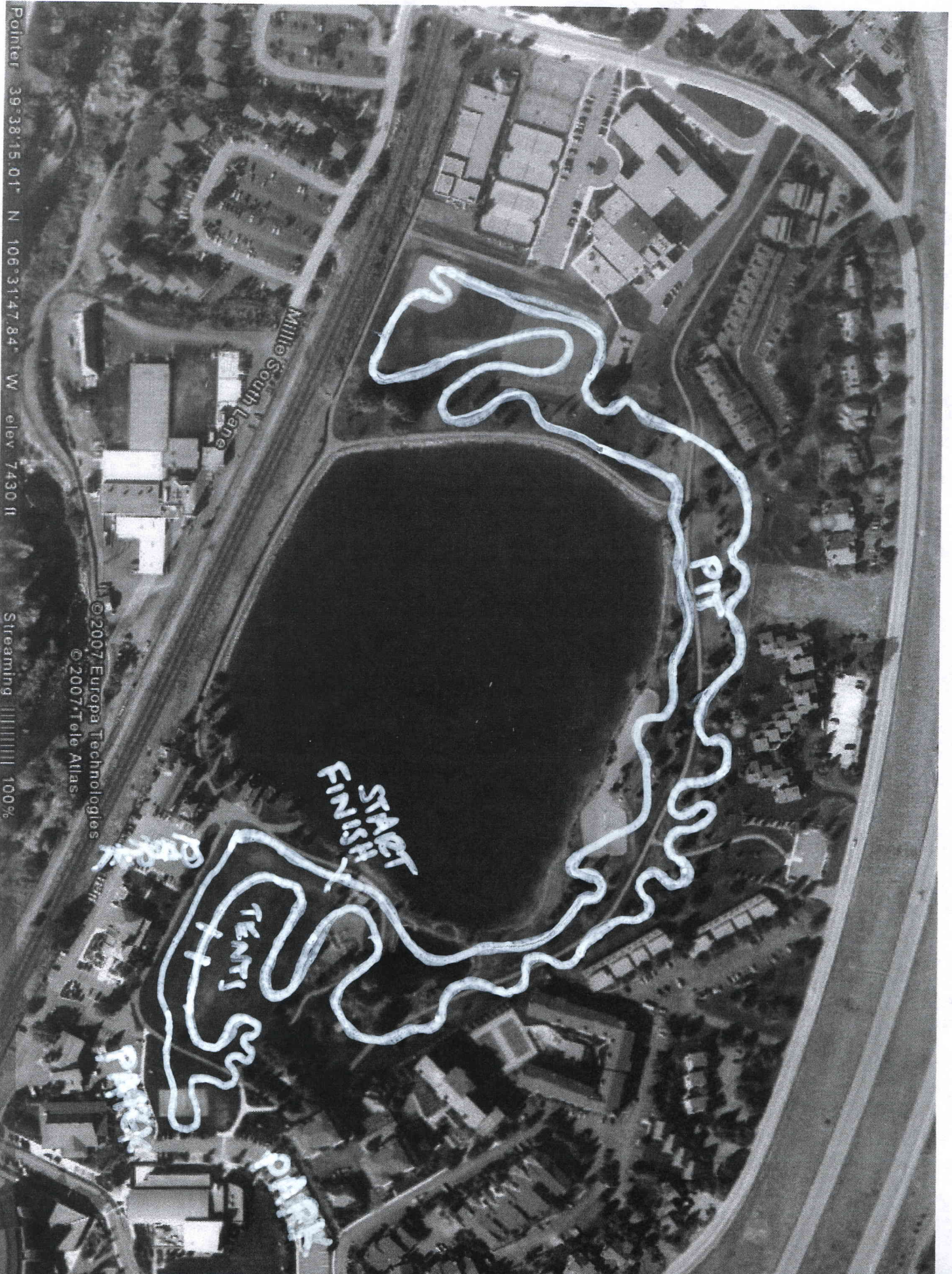


24.14° N 106°56'50.73" W elev 6389 ft

© 2007 Europa Technologies
© 2007 TdA Atlas

Eye alt 8376 ft

ADONS / NOTTINGHAM PARK



Pointer 39°38'15.01" N 106°31'47.84" W elev 7430 ft

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Streaming 100%

**2007 AMERICAN CYCLING ASSOCIATION (ACA)
ACCIDENT WAIVER AND RELEASE OF LIABILITY
ONE-DAY MEMBERSHIP FORM**

Hip # _____

ACA LICENSE #: _____ OR ONE DAY LICENSE (\$10.00 Extra) _____ (Check here)

EVENT NAME _____ DATE(s) _____

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 athletes, 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 ACA Accident Waiver and Release of Liability form will be used by the event holder, sponsors, and organizers in events 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 assign as follow: A) Waiver, 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 American Cycling Association, its officers and members, the FOLLOWING ENTITIES OR PERSONS: Their directors, officers, employees, volunteers, representatives, and agents, the event holders, event sponsors, event directors, event volunteers, and event officials. B) Indemnify and hold harmless the entities or persons mentioned in the paragraph from any and all liabilities or claims made by other individuals or entities as a results of any 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 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, producers, sponsors, organizers and/or assigns.

The ACA 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 read this document and I understand its contents.

Name (print) : _____ CLASS / CATEGORY ENTERING: _____

Address : _____

CITY _____ STATE _____ ZIP _____ Club Name _____

Telephone #: _____ Home _____ Wk _____ Racing Age: _____

Email Address: _____

Emergency Contact: _____ Phone: _____

SIGNATURE OF ENTRANT : _____

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 save and hold harmless and indemnify each and all of the parties refereed 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.

Signature of Parent or Guardian of Minor _____ Date _____