

CHAIN BUSTER PRODUCTIONS, LLC
6 HOUR/9 HOUR MOUNTAIN BIKE RACE
ENTRY FORM

This form **MUST** be submitted with the accident waiver and release of liability form along with payment in full, for each rider.

Submittal of this form constitutes agreement to and with all the terms and conditions contained within the controlling waiver and release of liability. The undersigned hereby acknowledges that this agreement is solely a license, which may be revoked by Chain Buster Productions, LLC at any time. Accident waivers, team entry forms and payment must be postmarked one week prior to race day. Any registration materials postmarked after the one week deadline will require a \$10.00 late fee.

TEAM NAME _____

CITY _____ STATE _____

COUNTRY _____

TEAM CATEGORY _____

AMOUNT PAID \$ _____ (Race Fee)

Team Categories/ Description	Cost	Team Categories/ Description	Cost
<input type="checkbox"/> 6 Hour Race Solo Beginner / Sport / Expert / Female / Clydesdale	\$50.00	<input type="checkbox"/> 9 Hour Race Solo Beginner / Sport / Expert / Female / Clydesdale	\$60.00
<input type="checkbox"/> 6 Hour Race Solo Single Speed	\$50.00	<input type="checkbox"/> 9 Hour Race Solo Single Speed	\$60.00
<input type="checkbox"/> 6 Hour Race Solo Master	\$50.00	<input type="checkbox"/> 9 Hour Race Solo Master	\$60.00
<input type="checkbox"/> 6 Hour Race 2 Person - Male / Female / Co-ed	\$100.00	<input type="checkbox"/> 9 Hour Race 2 Person - Male / Female / Co-ed	\$100.00
<input type="checkbox"/> 6 Hour Race 3 Person – Just Having Fun	\$120.00	<input type="checkbox"/> 9 Hour Race 3 Person – Just Having Fun	\$150.00

How did you hear about us? ___ Web-Site ___ Bike Shop Flyer ___ Word of Mouth ___ Internet ___ Raced Last Year

Please print clearly to ensure that all of your information is recorded correctly.

1. TEAM CAPTAIN _____ M ___ F ___ CIRCLE ONE: S M L XL

2. TEAMMATE #2 _____ M ___ F ___ CIRCLE ONE: S M L XL

MAKE CHECKS PAYABLE TO: CHAIN BUSTER PRODUCTIONS, LLC.

All entries must be cash or check only. All entry fees are NON-refundable. Please accept this entry form in accordance to these terms:

TEAM CAPTAIN’S SIGNATURE _____ DATE _____

MAIL TEAM ENTRY FORM, ACCIDENT WAIVER(S) AND PAYMENT IN FULL TO:
 CHAIN BUSTER PRODUCTIONS, LLC
 30 WAVERLY CT. JEFFERSON GA 30549

PLEASE INITIAL: ___ I agree to return the Timing Chip at the end of the race.
If I fail to return the chip I agree to pay \$35.00 to replace the lost chip.

Questions? Contact us at: President: Kenny Griffin Kenny@chainbusterracing.com

**ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM
CHAIN BUSTER PRODUCTIONS, LLC
2011 MAXXIS CHAINBUSTER ENDURANCE SERIES 6/9 HOUR MOUNTAIN BIKE RACE**

This form must be read carefully, filled out completely and signed by the participant. Accident waivers must be postmarked one week prior to the event. Any waivers postmarked after that date will require a \$10.00 late registration fee. Each rider must submit a waiver form.

PLEASE PRINT CLEARLY TO ENSURE ALL INFORMATION IS RECORDED CORRECTLY.

TEAM NAME _____

RACER NAME _____

STREET _____ **SEX** M ___ F ___ **AGE** _____ **DOB** _____

CITY _____ **STATE** _____ **ZIP** _____

E-MAIL _____

PHONE (DAYTIME) _____ **(EVENING)** _____

EMERGENCY CONTACT NAME _____ **PHONE#** _____

I acknowledge that this is a strenuous test of my athletic ability. The Chain Buster Production 9 / 6 Hour Mountain Bike Race, is a rigorous 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, darkness, facilities, temperature, weather, condition of athletes, equipment, vehicular traffic, lack of hydration, and actions of other people including but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors and/ or producers of the event. These risks are not only inherent to athletics, but are also present for volunteers. I hereby agree to assume all of the risks of participating and/ or volunteering in the Chain Buster Productions 9 / 6 Hour Mountain Bike Race. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released from dangerous or defective property owned, maintained, or controlled by them or because of their liability without fault. I certify that I am physically fit, have trained sufficiently for participating in this event and have not been advised otherwise by a qualified medical person. I acknowledge that this Accident Waiver and Release of Liability form will be used by the event holders, sponsors and organizers, and that it will govern my actions and responsibilities at said event. In consideration of my application and permitting me to participate in the Chain Buster Production 9 / 6 Hour Mountain Bike Race, 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 including attorney's fees, expert fees, litigation costs, and my traveling to and from the Chain Buster Productions 9 / 6 Hour Mountain Bike Race. THE FOLLOWING ENTITIES OR PERSONS Chain Buster Productions, LLC., and any involved municipalities, their directors, officers, employees, volunteers, representatives and agents, the event holders, event directors, event sponsors, vendors, event volunteers, property owners; (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in the Chain Buster Productions 9 / 6 Hour Mountain Bike Race, whether caused by the negligence of releasees or otherwise. 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 and/ or videotaped. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, organizers and/ or assigns. This Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum permissible under applicable law. In the event any aspect of this release is deemed to be unenforceable, I hereby agree that the release shall be construed as broadly as possible without impacting the remaining aspects of this release. I further agree to abide by all the rules and regulations as set forth by the directors of this event. I hereby certify that I have read this document and understand its content.

PARTICIPANT'S SIGNATURE:

_____ **DATE:** _____

NOTE: If 17 or under, Signature of Parent or Guardian is required below:

The undersigned parent and natural guardian or legal guardian does hereby represent that he/she is, in fact acting in such capacity and agrees to save, hold harmless and indemnify each and all of the parties referred to above from all liability, loss, 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.

PARENT'S SIGNATURE:

_____ **DATE:** _____

PLEASE NOTE:

Mail-in registrations must be **post marked one week** prior to the date of the race or late fees will apply.

MAIL COMPLETED ENTRY FORM TO:
CHAIN BUSTER PRODUCTIONS, LLC
30 WAVERLY CT. JEFFERSON GA
30549

MAKE CHECKS PAYABLE TO:
CHAIN BUSTER PRODUCTIONS, LLC