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2011 Contest Registration

Select Series: Charlotte, NC Greenville, NC

First Name: _____ Last Name: _____

Hometown, State: _____

Age: _____ Sponsors: _____

Discipline: Park Flatland

Park Class: Beginner/Novice Expert Professional

Flatland Class: Beginner/Novice Expert Professional

In consideration of my/my minor child's opportunity to participate in the ABSA's Trans Jam BMX Contest and acknowledgement that the participation in the ABSA's Trans Jam BMX Contest involves the possibility of injury, I agree to and so hereby indemnify, hold harmless, release and discharge the Atlantic Bike Stunt Alliance, Inc., their agents, and/or representatives, employees, sponsors, volunteers, officers, and directors from any and all damages and causes of action, including expenses, costs and attorney fees, whether in contract or tort law which may arise on account of any damages resulting from my/my minor child's participation in the ABSA's Trans Jam BMX Contest.

I further understand the importance of and necessity to wear a bicycle helmet and protective gear during practice and during the above aforementioned contest. I understand a non-full face helmet does not offer full protection and serious injury can be avoided by wearing a full face motorcycle helmet, and a full face helmet is highly recommended. The use of a bicycle braking system is also encouraged. I understand that it is for my/my child's protection that I/my child agree(s) to wear the appropriate protective gear. The ABSA is not responsible for any injuries, stolen equipment or personal items, or deaths associated with the Trans Jam BMX Contest. **PROOF OF HEALTH INSURANCE IS REQUIRED IN ORDER TO COMPETE.**

I/my child and I understand that the ABSA's competition will be video taped and photographed for rebroadcast, sale, and miscellaneous uses. In consideration for my participation in said contest I hereby release all rights to such taping and photography, in any media, and any rights to edited or unedited materials for rebroadcast, sale, or miscellaneous use by an individual or company associated or unassociated with ABSA. I demand no payment for the relinquishment of rights.

(My child and)/I HAVE READ THE ABOVE RELEASE AND UNDERSTAND THAT I/MY CHILD AND I AGREE TO THE TERMS OUTLINED BY SIGNING IT VOLUNTARILY.

Signature of Legal Guardian (if under 18) _____ Date _____

Signature of Rider/Participant _____ Date _____

Address of Participant _____
Street City/State Zip

In Case of Emergency Contact:

Name _____ Home Ph _____ Cell Ph _____

ABSA USE ONLY

Registration Paid Proof of Insurance Under 18, Parent Present/Notarized
 Identification Provided Added to Judges Score Sheet