

Pro, Amateur & Public Cycling



Proud host of the 2015 NYSBRA Criterium Championships

**STOP
DWI** New
York
BROOME COUNTY

\$32,500 in Cash & Prizes

Multi-Race Discount of \$15.00!



This race is held in memory of Chris Thater who was killed by a drunk driver.

Presented By:



Gold Medal Sponsors:

City of Binghamton
Macy's

CSEA Broome County Local 804
Time Warner Cable Media

Dick's Sporting Goods
Townsquare Media - Binghamton

Silver Medal Sponsors:

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FAHS Construction Group
Laing Industries, Inc.

Bronze Medal Sponsors:

Binghamton Senators
Crowley Foods
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Blue Chip Softball
Greater Binghamton Airport
United Health Services

Confluence Running
Holiday Inn

Contributors:

Bike Loft East
David Skyrca Design
NYS Bicycle Racing Assn (NYSBRA)
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Tri-County Communications

Binghamton High School
First Niagara
Southern Tier Bicycle Club
Tioga Velo Club

CMS Imaging Solutions
Johnson City High School
Superior Ambulance
Triple Cities Runners Club

nysbra

NYS BICYCLE RACING ASSOCIATION

For Event Information:
www.ThaterMemorial.com



USA Cycling Permit #2015-55

Race Schedule and Registration Fees:

Pre-registration highly recommended for all categories. Registration closes and fields are set ½ hour before each race.

Event	Time	Length	Purse/Places	Primes	Field Limit	Pre-Reg.	Day of Reg.
August 22nd							
Master Men 55+*, 60+*	10:30 a.m.	30 min	Trophies/3	----	75	\$25	\$40
Men Cat 4-5 (Cat 4*)	11:10 a.m.	40 min	\$250/5	----	75	\$30	\$45
Junior Fun Ride	12:00 p.m.	1 lap				Free	Free
Junior Men 15-16*, 17-18*	12:30 p.m.	30 min.	Trophies/3	----	75	\$10	\$25
Master Men 45+ (Cat 1-4 only)*	1:10 p.m.	45 min	\$400/7	\$100	125	\$35	\$50
Junior Boys, Girls 9-10*, 11-12*, 13-14*	2:10 p.m.	15 min	Trophies/3	----	75	\$10	\$25
Master Men 35+ (Cat 1-4 only)*	2:35 p.m.	50 min	\$600/10	\$150	125	\$40	\$55
Women Cat 3*, 4*	3:35 p.m.	40 min	\$400/7	\$100	75	\$30	\$45
Masters Women 35+(1-4)*, 45+(1-4)* /55+(1-4)*			Trophies/3			\$30	\$45
Junior Girls 15-16*, 17-18*	3:35 p.m.		Trophies/3	----		\$10	\$25
Men Cat 2/3	4:25 p.m.	60 min	\$800/12	\$150	125	\$40	\$55
Pro/1-2 Women (NCC)	6:00 p.m.	43 laps	\$8,850/20	\$3,150	125	\$55	\$70
Pro/1 Men (NCC)	8:00 p.m.	72 laps	\$8,850/20	\$3,150	125	\$55	\$70
August 23rd							
Men Cat 5/Public/Citizen	8:30 a.m.	30 min	Trophies/3	----	75	\$25	\$40
Women Cat 4/Public/Citizen	9:10 a.m.	30 min	Trophies/3	----	75	\$25	\$40
Men Cat 3/4 (Cat 3*)	11:00 a.m.	40 min	\$400/7	\$100	125	\$35	\$50
Women Pro/1-2-3 (Cat 1-2*)	12:00 p.m.	43 laps	\$1,500/20	\$250	125	\$40	\$55
Men Pro/1-2*	1:30 p.m.	60 laps	\$3,000/25	\$300	125	\$50	\$65

* Denotes NYSBRA State Championship for top 3 NY residents with USA Cycling annual license

Multi-Race Discount: Deduct \$15 from your **TOTAL Entry Fee** when you sign up for 2 or more races (applies to pre-registration only)
Pre-registration does not include \$3.60 USA Cycling mandatory insurance or BikeReg fee

Make checks payable to: CHRIS THATER MEMORIAL

Registration Information:

The Chris Thater Memorial is held in accordance with USA Cycling rules. Use standard USA Cycling Competitive and Non-Competitive Event Release Form. Free lap rule applies. Neutral Support provided by Bike Loft East. All riders must have a valid USAC license. Citizen riders who do not have an annual USAC license will be required to purchase a one-day license for an additional \$15.00.

Prize Payment

Payment of prize money will be in the form of a check paid on the day of event. The following information must be provided before payment of prize money: W-9 (US Athletes/Teams), W-8 and 8233 (Foreign Athletes/Teams), the exact name of person or payee to receive payment and a complete mailing address. Thirty percent (30%) will be deducted from prize winners who have not provided the above IRS forms.

Lodging:

Special Rates \$129.00/night.
Phone: 607-722-1212



TIOGA VELO CLUB

USA Cycling
Sponsoring Club

Register Online:



Register for the Chris Thater Memorial: Just 5 easy steps!

1. Fill out the information below:

Please Print Clearly

Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Email _____

2. Check the box of the race(s) you want to enter:

Saturday, August 22nd

MEN'S Races

- Master Men 55+
- Master Men 60+
- Cat 4-5 Men
- Junior Fun Ride
- Junior Men 15-16
- Junior Men 17-18
- Masters Men 45+
(Cat 1-4 only)
- Junior Boys 9-10
- Junior Boys 11-12
- Junior Boys 13-14
- Masters Men 35+
(Cat 1-4 only)
- Cat 2-3 Men
- Pro/1 Men (NCC)

WOMEN'S Races

- Junior Fun Ride
- Junior Girls 9-10
- Junior Girls 11-12
- Junior Girls 13-14
- Cat 3-4 Women
- Master Women 35+
(Cat 1-4)
- Master Women 45+
(Cat 1-4)
- Master Women 55+
(Cat 1-4)
- Junior Girls 15-16
- Junior Girls 17-18
- Pro/1-2 Women (NCC)

Sunday, August 23rd

MEN'S Races

- Cat 5 / Public Citizen Men
- Cat 3-4 Men
- Pro/ 1-2 Men

WOMEN'S Races

- Cat 4 / Public Citizen Women
- Pro / 1-2-3 Women

Multi-Race Discount:

Deduct \$15 from your **TOTAL Entry Fee** when you sign up for 2 or more races.

For more information:

Phone: 607-778-2056

Email: bcstopdwi@co.broome.ny.us

Website: ThaterMemorial.com

3. Registration and Mandatory USA Cycling fees:

A. Race Entry Fee: Race 1: _____ Race 2: _____ Race 3: _____ TOTAL: _____

B. Multi-Race Discount: Subtract \$15 from Total of Line A if applicable: _____

C. USA Cycling 1-Day Insurance Fee: Add \$3.60 per day of racing: _____ TOTAL: _____

D. USA Cycling 1-Day License Fee: Add \$15 per day if not an annual license holder: _____ TOTAL: _____

4. Fill out and sign the USA Cycling Event Release on Page 4

5. No later than August 14th, 2015, Mail this page, the Event Release Form and a Check made out to: *Chris Thater Memorial to:*

Broome County STOP-DWI Program, PO Box 1766, Binghamton, NY 13902

2015 USA Cycling Competitive and Non-Competitive Event Release Form

The following event release form has been approved by USA Cycling, Inc. If reproduced, it must be in a minimum of 10 point type and retain the exact same formatting.

PLEASE COMPLETE THE FOLLOWING INFORMATION

TODAY'S DATE _____
EVENT NAME _____
EVENT DATE(S) _____
RACE(S)/ACTIVITY(IES) ENTERED _____
ANNUAL LICENSE # _____
RACING AGE (as of December 31, 2015) ____
Name _____
Address _____
City _____ State ____ Zip ____
Phone _____
E-Mail _____
Emergency Contact _____
Emergency Contact Phone _____

In consideration of the issuance of a license to me by one or more Releasees or the acceptance of my application for entry in the above event, I hereby freely agree to and make the following contractual representations and agreements.

I ACKNOWLEDGE THAT BY SIGNING THIS DOCUMENT, I AM ASSUMING RISKS, AND AGREEING TO INDEMNIFY, NOT TO SUE AND RELEASE FROM LIABILITY THE ORGANIZER OF THIS EVENT, USA CYCLING, INC. (USAC), USA CYCLING DEVELOPMENT FOUNDATION (USACDF), AND THEIR RESPECTIVE AGENTS, INSURERS, EMPLOYEES, VOLUNTEERS, MEMBERS, CLUBS, OFFICIALS, SPONSORS, EVENT DIRECTORS, LOCAL ASSOCIATIONS, AND AFFILIATES (COLLECTIVELY "RELEASEES"), AND THAT I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS. THIS RELEASE IS A CONTRACT WITH LEGAL AND BINDING CONSEQUENCES AND IT APPLIES TO ALL RACES AND ACTIVITIES ENTERED AT THE EVENT, REGARDLESS WHETHER OR NOT LISTED ABOVE. I HAVE READ IT CAREFULLY BEFORE OR SIGNING, AND I UNDERSTAND WHAT IT MEANS AND WHAT I AM AGREEING TO BY SIGNING.

I ACKNOWLEDGE THAT CYCLING IS AN INHERENTLY DANGEROUS SPORT AND FULLY REALIZE THE DANGERS OF PARTICIPATING IN THIS EVENT, whether as a rider, official, coach, mechanic, volunteer, spectator, or otherwise, and **FULLY ASSUME THE RISKS ASSOCIATED WITH SUCH PARTICIPATION INCLUDING,** by way of example, and not limitation: dangers associated with man-made and natural jumps; the dangers of collision with pedestrians, vehicles, other riders, and fixed or moving objects; the dangers arising from surface hazards, including pot holes, equipment failure, inadequate safety equipment, use of equipment or materials provided by the event organizer and others, **THE RELEASEES' OWN NEGLIGENCE,** and weather conditions; and the possibility of serious physical and/or mental trauma or injury, or death associated with the event. For myself, my heirs, executors, administrators, legal representatives, assignees, and successors in interest (collectively "Successors") **I HEREBY**

WAIVE, RELEASE, DISCHARGE, HOLD HARMLESS, AND PROMISE TO INDEMNIFY AND NOT TO SUE the Releasees and all sponsors, organizers and promoting organizations, property owners, law enforcement agencies, public entities, special districts and properties that are in any manner connected with this event, and their respective agents, officials, and employees through or by which the event will be held, (the foregoing are also collectively deemed to be Releasees), **FROM ANY AND ALL RIGHTS AND CLAIMS INCLUDING CLAIMS ARISING FROM THE RELEASEES' OWN NEGLIGENCE TO THE MAXIMUM EXTENT PERMITTED BY LAW,** which I have or which may hereafter accrue to me and from any and all damages which may be sustained by me directly or indirectly in connections with, or arising out of, my participation in or association with the event, or travel to or return from the event. I agree it is my sole responsibility to be familiar with the event course and agenda, the Releasees' rules, and any special regulations for the event and agree to comply with all such rules and regulations. I understand and agree that situations may arise during the event which may be beyond the control of the Releasees, and I must continually ride and otherwise participate so as to neither endanger myself nor others. I accept responsibility for the condition and adequacy of my equipment, any equipment provided for my use, and my conduct in connection with this event. I will wear a helmet which satisfies the requirements of the Releasees' Racing Rules or Regulations and that can protect against serious head injury, and assume all responsibility and liability for the selection of such a helmet and any modifications or attachments made thereto. I have no physical or medical condition which would endanger myself or others if I participate in this event, or would interfere with my ability to safely participate in this event. I understand and agree that the UCI Anti-Doping Rules and U.S. Anti-Doping Agency (USADA) Protocol apply to me and that it is my responsibility to comply with those rules. I agree to submit to drug testing and understand that the use of methods or substances prohibited by the applicable anti-doping rules would make me subject to penalties including, but not limited to, disqualification and suspension. If it is determined that I may have committed a doping violation, I agree to submit to the results management authority and process of USADA, including arbitration under the USADA Protocol, or to the results management authority of the UCI and/or my national federation, if referred by USADA.

I agree, for myself and my Successors, that the above representations are contractually binding, and are not mere recitals, and that should I or my Successors assert a claim contrary to what I have agreed to in this contract, the claiming party shall be liable for the expenses (including legal fees) incurred by the Releasees in defending the claims. This contract may not be modified orally, and a waiver or modification of any provision shall not be construed as a waiver or modification of any other provision herein or as a consent to any subsequent waiver or modification. I consent to the release by any third party to Releasees and their insurance carriers of my name and medical information that may relate solely to any injury or death I may suffer arising from the event. Every term and provision of this contract is intended to be severable. If any one or more of them is found to be unenforceable or invalid, that shall not affect the other terms and provisions, which shall remain binding and

enforceable.

I ATTEST THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER (19 IN ALABAMA) OR THAT IF I AM YOUNGER, MY PARENTS OR LEGAL GUARDIAN HAVE EXECUTED THIS WAIVER BELOW, AND THAT I AM PHYSICALLY FIT AND SUFFICIENTLY TRAINED TO PARTICIPATE IN ALL ACTIVITIES ASSOCIATED WITH THE PROGRAM OR EVENTS AND MY PARTICIPATION IN SUCH PROGRAM OR EVENTS IS VOLUNTARY.

Signature of Entrant (minors must sign) _____ AGE _____

CONSENT AND RELEASE OF PARENT/LEGAL GUARDIAN

I am the parent or legal guardian of _____ (Child). My Child is fit for the event, and I consent to my Child's participation. **I HAVE READ AND I UNDERSTAND THE ABOVE CONTRACT.** In consideration of allowing my Child to participate, I consent to the contract and agree that **ITS TERMS SHALL LIKEWISE BIND ME, MY CHILD,** and our heirs, legal representatives, and assignees. **I HEREBY RELEASE AND SHALL DEFEND, INDEMNIFY AND HOLD HARMLESS THE RELEASEES FROM EVERY CLAIM AND ANY LIABILITY** that I or my Child may allege against the Releasees (including reasonable legal fees and costs) as a direct or indirect result of injury or death to me or my Child because of my Child's participation in the event, **WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERS TO THE MAXIMUM EXTENT PERMITTED BY LAW. I PROMISE NOT TO SUE RELEASEES** on my behalf or on behalf of my Child regarding any claim arising from my Child's participation in the event.

Signature of Parent or Legal Guardian _____
M-2015 Membership Forms/2015 Event Release Rev. 1/1/14