



2018 Registration Documents

**Race Around Ireland
&
Irish Ultra Challenge**



DOCUMENTS NEEDED AT REGISTRATION

RACER(S) REQUIRED DOCUMENTS

- Racer Checklist Form – (One Per Team)
- UCI / Cycling Ireland Licence (One for each racer)
- Photocopy of I.D. (One for each racer)
- Racer Medical Screening Form – (One for each racer)
- Bicycle Inspection Form – (One per bicycle, including spares)
- Waiver – (One for each racer)

CREW MEMBER(S) REQUIRED DOCUMENTS

- Crew Checklist Form – (One Per Team)
- Photocopy of Drivers licence or I.D. (One for each crew member)
- Waiver – (One for each crew member)

VEHICLE REQUIRED DOCUMENTS

- Vehicle Insurance Form – printed and filled out (One Per team)
- Vehicle Inspection Form – (One for each vehicle)
- Insurance Certificate (One for each vehicle)
- Rental Agreement (For all Rental Vehicles)

INSURANCE WAIVER DOCUMENTS

- Racer and Crew Waiver – (One for each Racer and Crew member)
- RAI Volunteer / Staff / Race Official Waiver – (One for each volunteer)



Racer Checklist Form

Attached to this form should be; Copies of UCI / Cycling Ireland Licence or other form of I.D.
for all listed below

THIS IS THE FRONT PAGE TO ALL RACER DOCUMENTATION

Solo or Team Name:

Racers Full Name(s)	Racing Age*	Cycling Ireland / UCI licence number	Valid other form Of Identification	Racer Medical Screening Form	Bicycle / Spare Equipment Inspection	Fully Signed Release and Waiver
		Race Official Initials (Once Approved)				
1						
2						
3						
4						
5						
6						
7						
8						

* Racing Age is the age the racer will be in 2018 at the start of the race

.....
Racer or Crew Chief Signature

.....
Date

.....
Race Around Ireland Official Signature

.....
Date



Racer Medical Screening Form

(One per RACER ONLY)

The information contained in this form is totally confidential			
Name:		D.O.B.	
Address:			
Contact Tel No:		Cycling Ireland / UCI Licence	
Email:			
Emergency Contact Person:		Emergency Contact No:	

Please answer the following questions by ticking the correct response		
Do you suffer/have ever suffered from any of the following conditions?		
	Yes	No
Heart disease / stroke in your family?	<input type="checkbox"/>	<input type="checkbox"/>
Pain or discomfort in your chest when exercising?	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
Asthma?	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy?	<input type="checkbox"/>	<input type="checkbox"/>
Hernia?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently on any type of medication?	<input type="checkbox"/>	<input type="checkbox"/>
Muscle, joint or back problems?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had surgery within the last four months?	<input type="checkbox"/>	<input type="checkbox"/>
Are you or have you been pregnant within the last four months?	<input type="checkbox"/>	<input type="checkbox"/>

It is essential to answer all questions accurately

If you answer 'yes' to any of the above questions, please explain your past and current conditions:

Informed Consent

I, _____, declare that I intend to take part in Race the Race Around Ireland 2017. I am aware that as with all types of exercises there is an inherent risk of heart attack, light headedness, fainting, cramps, muscle or joint injury etc. I acknowledge the risks and I understand that I am free to withdraw from this event at any time. I assume full responsibility during and after my participation in the event. I understand that Race Around Ireland accepts no responsibility whatsoever for any injuries or death during or after participation in this event. I agree that I have read, understood and agreed the contents of this informed consent agreement in its entirety.

.....
Racer / Crew / etc. Signature

.....
Date

.....
Race Around Ireland Official Signature

.....
Date



Bicycle / Spare Equipment Inspection Form

COPY ONE FOR EVERY BIKE

Fill out Team Name, Model and Brand **BEFORE** inspection

Racer and or Team Name

Bike Model/Brand

Lights	<i>Reference Rule 620 & 630</i>	Official Use Only
Red Rear Tail Light. Must be visible from 150 meters		
Front Light which projects light 6 meters onto pavement and be visible for 100 meters.		
Spare Batteries for lights		
Reflective Material	<i>Reference Rule 640</i>	Official Use Only
15cm x 1cm on rear seat stays		
15cm x 1cm on side of front fork		
3cm x 1cm on each side of wheel if not a standard box rim wheel		
3cm x 1cm back of crank arms , visible from the rear of the bike		
Spare Wheels	<i>Reference Rule 640</i>	Official Use Only
Number of spare wheels?		
All spare wheels have reflective materials - 3cm x 1cm on each side of wheel if not a standard box rim wheel		
Spare Helmets	<i>Reference Rule 700</i>	Official Use Only
Helmet in good condition and has official race number visible from both sides		

NOTES:

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Equipment used in a previous race must meet all current rules and re-pass all inspections. Judgment of the Officials is FINAL. A second inspection will be required once the deficiency has been resolved PRIOR to the race start to clear said deficiency. If the Officials find anything else that is deemed unsafe for Race Around Ireland purposes, you will be so informed and required to make changes as necessary. A signature indicates a successful inspection.

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Racer or Crew Chief Signature **Date**

.....

Race Around Ireland Official Signature **Date**

NOTE: Race Around Ireland Bicycle inspections are not intended to certify the fitness or road-worthiness of the bicycle. The inspection is done only to determine whether the racer and crew possess the appropriate safety equipment for the race and meet all rules.



Crew Information Form

Attached to this form should be; Copies of Driving licences or other forms of I.D. for all listed

Team or Racer Name:

Crew Chief Name:

Crew / Media / Support Full Name	Appropriate Driving Licence	Other Form of I.D. (if not driving)	Fully Signed Insurance Waiver
	Race Official Initials (Once Approved)		
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.....
 Racer or Crew Chief Signature Date

.....
 Race Around Ireland Official Signature Date



Vehicle Insurance Form

In consideration of the acceptance of participation in the Race Around Ireland, I hereby affirm that each motorised vehicle to be used in the event, and listed below, is covered with at least the minimum insurance requirement and meets the road worthiness standards for the jurisdiction in which the race takes place. (The Republic of Ireland and Northern Ireland)

Racer/Team Name:

Vehicle 1	Vehicle Category: Follow Vehicle	
Make and Model:	Make:	Model:
Registration No:		
Insurance Company and Policy Number:	Company:	Policy Number:
Rental Company and Rental Contract number	Company:	Contract Number:
Dedicated Race Phone Number:		

Vehicle 2	Vehicle Category:	
Make and Model:	Make:	Model:
Registration No:		
Insurance Company and Policy Number:	Company:	Policy Number:
Rental Company and Rental Contract number	Company:	Contract Number:

Vehicle 3	Vehicle Category:	
Make and Model:	Make:	Model:
Registration No:		
Insurance Company and Policy Number:	Company:	Policy Number:
Rental Company and Rental Contract number	Company:	Contract Number:

Vehicle 4	Vehicle Category:	
Make and Model:	Make:	Model:
Registration No:		
Insurance Company and Policy Number:	Company:	Policy Number:
Rental Company and Rental Contract number	Company:	Contract Number:

.....
Racer or Crew Chief Signature

Date

.....
Race Around Ireland Official Signature

Date



Vehicle Number Inspection Form

Attached to this form should be; Copies of the proof of vehicle insurance and or rental agreement

Fill out the specific information at the top of the form **BEFORE** inspection.

Racer/Team Name:

Vehicle Make and Model:

Vehicle Registration No:

Vehicle Category: Follow Auxiliary(Non-follow) RV Film/Media

Windows, Mirrors, Visibility, – All Vehicles	Reference Rule 500 - 570	Official Use Only
Driver must have clear visibility through windscreen, both front side windows & side mirrors.		
Rear Window – No blind spots with mirrors		
Caution Cyclist Ahead Sign and Rear Lights visible if rear racks and bikes attached		

Vehicle Lights– All Vehicles	Official Use Only	Signage - All vehicles	Official Use Only
Head Lights		Vehicle signs with racer no. front, sides and back	
Rear Lights operational			
Indicator Lights operational			
Hazard Lights			
Reverse Lights			

Roof Lights – Follow and Film/Media Vehicles	Official Use Only	Signage - Follow and Film/Media Vehicles	Official Use Only
Amber Roof Light seen from front & back. Vehicles 1.7m high or over - 2 lights. Vehicles under 1.7m - 1 light.		Vehicle signs with racer no. Front and sides	
Spare amber roof lights & batteries (if batteries required)		Caution Cyclist ahead sticker (rear)	

NOTES:

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Equipment used in a previous race must meet all current rules and pass all inspections for THIS race. Judgment of the Officials is FINAL. If your equipment is deficient, consult the official in how best to correct the deficiency. A second inspection will then be required prior to the race start to clear the deficiency. If the Officials find anything outside of this inspection that is deemed unsafe for Race Around Ireland purposes, you will be informed and required to make changes as necessary. Race Official signature indicates a successful inspection with no deficiencies.

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Racer or Crew Chief Signature **Date**

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Race Around Ireland Official Signature **Date**

NOTE: Race Around Ireland vehicle inspections are not intended to certify the fitness or road-worthiness of these vehicles. The inspection is completed only to determine whether the racer and crew possess the appropriate safety equipment for the race and meet all rules.



Release and Waiver of Liability and Indemnity Agreement

PRINT ONE FOR EVERY CYCLIST, CREW MEMBER AND SUPPORT CREW TO SIGN

(Read Carefully Before Signing)

In consideration of being permitted to participate in any way in the Race Around Ireland and/or any of its ancillary events and/or being permitted to enter for any purpose any restricted area (herein defined as any area where admittance to the general public is prohibited), the participant named below and/or the parent(s) and/or legal guardian(s) of the participant (if the participant is a minor) agree:

1. Parent(s) and/or legal guardian(s) **will confirm to Race Around Ireland management** that prior to participating in the Race Around Ireland and/or any of its ancillary events, he, or she, **will** inspect the facilities and equipment to be used, and if he or she believes anything is unsafe, he or she **will** immediately advise **the Race Director**, of such condition and refuse to participate. I understand and agreed that, if at any time, I feel anything to be UNSAFE, I will immediately take all precautions to avoid the unsafe area **or activity** and REFUSE TO PARTICIPATE further.

2. I/WE fully understand and acknowledge that:

(a) There are risks and dangers associated with participation in the Race Around Ireland and/or its ancillary events which could result in bodily injury, partial and/or total disability, paralysis and death;

(b) The social and economic losses and/or damages, which could result from these risks and dangers described above, could be severe;

(c) These risks and dangers may be caused by the action, inaction or negligence of the participant or the action, inaction or negligence of others, including, but not limited to, the Releasees named below; and

(d) There may be other risks not known to **Race Around Ireland owners or Race Director** or are not reasonably foreseeable at this time.

3. I/WE accept and assume such risks and responsibility for the losses and/or damages following such injury, disability, paralysis or death, however caused and whether caused in whole or in part by the negligence of the Releasees named below.

4. I/WE HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE any facilities used by the participant, including its owners, managers, promoters, lessees of premises used to conduct the Race Around Ireland and its ancillary events, premises, inspectors, underwriters, consultants and others who give recommendations, directions, or instructions to engage in risk evaluation or loss control activities regarding any facilities or events held at such facilities and each of them, their directors, officers, agents, employees, all for the purposes herein referred to as "Releasee"... FROM ALL LIABILITY TO THE UNDERSIGNED, my/our personal representatives, assigns, executors, heirs and next of kin FOR ANY AND ALL CLAIMS, DEMANDS, LOSSES OR DAMAGES AND ANY CLAIMS OR DEMANDS THEREFORE ON ACCOUNT OF ANY INJURY, INCLUDING BUT NOT LIMITED TO THE DEATH OF THE PARTICIPANT OR DAMAGE TO PROPERTY, ARISING OUT OF OR RELATING TO THE EVENT(S) CAUSED, OR ALLEGED TO BE CAUSED, IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEE OR OTHERWISE.

5. I/WE HEREBY acknowledge that THE RACE AROUND IRELAND AND ITS ANCILLARY EVENTS AND THE ACTIVITIES ASSOCIATED THEREWITH ARE VERY DANGEROUS and involve the risk of serious injury and/or death and/or property damage. Each of THE UNDERSIGNED also expressly acknowledges that INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEES.

Continued Overleaf



Release and Waiver of Liability and Indemnity Agreement

Continued

6. EACH OF THE UNDERSIGNED further expressly agrees that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the laws of Ireland and Northern Ireland in which the Race Around Ireland and its ancillary events are conducted and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.

7. On behalf of the participant and individually, the undersigned parent(s) and/or legal guardian(s) for the minor participant executes this Waiver and Release. If, despite this release, the participant makes a claim against any of the Releasees, the parent(s) and/or legal guardian(s) will reimburse the Releasee for any money which they have paid to the participant, or on his behalf, and hold them harmless.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

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Participant Signature **Date**

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Parent or Guardian Signature (if Minor) **Date**

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Printed Name of Participant

Cycling Ireland / UCI Licence Number:

Email Address

Address

.....

Name of Racer/Team you are supporting:

Your Role in RAI: *Racer* *Crew* *Media/Film*

Race Around Ireland / Irish Ultra Challenge Official:

.....
Signature

.....
Printed Name **Date**