

Registration Documents

Shivalik Signature

19th October, 2019

RAAM Qualifier
RAAM Style Team Events

RACE ACROSS
AMERICA
RAAM

ultra marathon

**SHIVALIK
SIGNATURE**
HAI DUM... RAAM QUALIFIER

TEAM EVENTS

Team of 2 : 28 hrs
Team of 3 : 28 hrs
Team of 4 : 28 hrs
Team of 8 : 28 hrs

SHIVALIK TIMMINGS

Men (18-49) : 32 hrs
Men (49+) : 34 hrs
Women (18-49) : 34 hrs
Women (49+) : 36 hrs

RQ

Men (18-49) : 30 hrs
Men (49+) : 32 hrs
Women (18-49) : 32 hrs
Women (49+) : 34 hrs

**HAI
DUM**

GET READY FOR
THE WORLD'S
TOUGHEST
BICYCLE RACE

A NON-STOP
615 km
ULTRA CYCLING RACE EVENT

Follow us on:  
Visit us @ www.bharatalacrity.com
Email: info@shivaliksignature.com
Contact: 09463090468

Scan
and
get
Registered



LAST DATE OF REGISTRATION: **31-08-2019**

EVENT DATE: **19-10-2019**



BHARAT ALACRITY



DOCUMENTS NEEDED AT REGISTRATION

RACER(S) DOCUMENTS

- Racer Name(s) Form – printed and filled out
- Photocopy of I.D. (One for each racer)
- Screening Form – printed and filled out (One for each racer)

CREW MEMBER DOCUMENTS

- Photocopy of I.D. (One for each crew member)

GENERAL DOCUMENTS

- Bicycle Inspection Form – printed and filled out (One for each bicycle, including spares)
- Clothing and Wheel Inspection Form – printed and filled out
- Vehicle Insurance Form – printed and filled out
- Photocopies of Proof of Insurance – attached to Vehicle Insurance Form (One for each vehicle)
- Vehicle Inspection Form – printed and filled out (One for each vehicle)
- Racers Checklist – printed and filled out
- Crew Checklist – printed and filled out
- Race phone(s)

Racers Checklist

PRINT THIS SHEET. Fill out the checklist below and **ATTACH ALL NECESSARY DOCUMENTS**, ready to bring to Registration.

Ensure you have each of the items below printed for every cyclist, already filled out and signed where necessary, to bring to registration.	Place a tick below to check this has been done and attached	
Racer(s) Name Form filled out with cyclists' names, racing age.	<input type="checkbox"/>	<input type="checkbox"/>
ONE photocopy of a valid form of identification for every cyclist showing the cyclists' Name, Photo, and Birthdate. (eg: Drivers Licence, OR Passport) Use this as Proof of Age (Racing Age)	<input type="checkbox"/>	<input type="checkbox"/>
Screening Form for every cyclist filled out and signed by cyclist	<input type="checkbox"/>	<input type="checkbox"/>
Waiver for every cyclist filled out and signed by cyclist.(will be provided at registration)	<input type="checkbox"/>	<input type="checkbox"/>
A Bicycle Inspection Form for every bicycle to be used during the race. Make additional copies as needed, one for each bike. Fill out the specific bicycle information at the top of the form BEFORE inspection.	<input type="checkbox"/>	<input type="checkbox"/>
One Clothing and Wheel Inspection Form	<input type="checkbox"/>	<input type="checkbox"/>

Solo/Team Racer Name(s) Form**FILL OUT BEFORE INSPECTION****Solo/Team Name:**

.....

Team age.....***Racing Age = Year of Race – Birth Year******Team Age = Average of Age of Each Racer***

S.NO.	RACER'S NAME(S)	RACING AGE
1		
2		
3		
4		
5		
6		
7		
8		

Screening Form 2017 (One per RACER ONLY)

The information contained in this form is totally confidential			
Name:		D.O.B.	
Address:			
Contact/ Tel No:			
Email:			
Emergency Contact:		Tel 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 Shivalik Signature 2018. 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 Shivalik Signature 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.

Signed by Participant: _____ **Date:** _____

Signed by Race Official: _____ **Date:** _____

Bicycle Inspection Form

COPY ONE FOR EVERY BIKE

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

Solo Racer/Team Name

Bike Model/Brand

Lights	Comments
Red Rear Tail Light. Must be visible from 100 meters	
Headlight must be visible from 150 meters.	
Spare Batteries for lights	

Reflective Material	Comments
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	

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. If your equipment is deficient, consult the Race Official for the location of nearby shops where you may try 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 else that is deemed unsafe for Shivalik Signature purposes, you will be so informed and required to make changes as necessary. A signature indicates a successful inspection.

.....
Shivalik Signature Official Signature

.....
Date

.....
Racer or Crew Chief Signature

.....
Date

NOTE: Shivalik Signature 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.

Clothing and Wheel Inspection Form

PRINT ONE OF THESE ONLY

Solo Racer/Team Name

Wheels	Comment
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	

Helmets	Comment
Helmet in good condition and has race number visible from both sides (If the helmet is cracked, it will not pass inspection).	

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. If your equipment is deficient, consult the Race Official for the location of nearby shops where you may try 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 else that is deemed unsafe for Shivalik Signature purposes, you will be so informed and required to make changes as necessary. A signature indicates a successful inspection.

.....
Shivalik Signature Official Signature

Date

.....
Racer or Crew Chief Signature

Date

NOTE: Shivalik Signature clothing and wheel inspections are not intended to certify the fitness or road-worthiness of these items. 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 Checklist

PRINT THIS SHEET. Fill out the checklist below and **ATTACH ALL NECESSARY DOCUMENTS**, ready to bring to Registration.

How many crew:	
How many drivers:	
How many vehicles:	

Ensure you have each of the items below printed for every crew member already filled out and signed where necessary, to bring to registration.	Place a tick below to check this has been done and attached	
	Yes	No
Crew Information Form filled in and photocopy of ONE form of ID per crew member attached.	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle Insurance Form filled out.	<input type="checkbox"/>	<input type="checkbox"/>
Copies of proof of insurance for every vehicle, to be used as support vehicles during the race. Attached to the Vehicle Insurance Form.	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle Inspection Form for every vehicle to be used during the race. <i>Make additional copies as needed one for each vehicle. Fill out the specific vehicle information at the top of the form BEFORE inspection.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Waiver for every single crew member filled out and signed by them.	<input type="checkbox"/>	<input type="checkbox"/>
<u>Valid Race Phone</u> You must have at least ONE dedicated phone during the race that we can reach you at, at all times . We may have to pass on important information during the race to your team. Having a second number would be very helpful. Bring this phone to registration, so we can check it is a valid number.	<input type="checkbox"/>	<input type="checkbox"/>

Crew Information Form

FILL OUT BEFORE INSPECTION

Team or Racer Name:

Crew Chief Name:

	Crew names/Contact No.	Driving License		Other ID	
		YES	NO	YES	NO
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Vehicle Insurance Form

Attach a copy of the proof of vehicle insurance for each vehicle

In consideration of the acceptance of participation in the Shivalik Signature, I hereby affirm that each motorised vehicle listed below to be used in the event is covered with at least the minimum insurance requirement of vehicle registration for each of the drivers.

Racer/Team Name

Vehicle 1

Vehicle Make and Model

Registration No:

Vehicle 2

Vehicle Make and Model

Registration No:

Vehicle 3

Vehicle Make and Model

Registration No:

Vehicle 4

Vehicle Make and Model

Registration No:

Vehicle 5

Vehicle Make and Model

Registration No:

.....
Shivalik Signature Official Signature

.....
Date

.....
Racer or Crew Chief Signature

.....
Date

Vehicle Inspection Form

PRINT ONE FOR EVERY VEHICLE

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,Non-follow, Film/Media.....

Windows, Mirrors, Visibility, – All Vehicles	Comments
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	Comments	Signage - All vehicles	Comments
Head Lights		Vehicle signs with racer no. front and sides and back	
Rear Lights operational			
Indicator Lights operational			
Hazard Lights			
Reverse Lights			

NOTES:
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Equipment used in a previous race must meet all current rules and pass all inspections.

Judgment of the Officials is FINAL. If your equipment is deficient, consult the official for the location of nearby shops where you may try 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 else that is deemed unsafe for Shivalik Signature purposes, you will be so informed and required to make changes as necessary. A signature indicates a successful inspection.

.....
Shivalik Signature **Official Signature** **Date**

.....
Racer or Crew Chief Signature **Date**

NOTE: Shivalik Signature vehicle inspections are not intended to certify the fitness or road-worthiness of these vehicles. The inspection is done 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

Will be given at the Registration Desk by Officials
(Read Carefully Before Signing)

In consideration of being permitted to participate in any way in the Shivalik Signature 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 agree:

1. In consideration of participating in the **Shivalik Signature** I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. 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 and REFUSE TO PARTICIPATE further.

2. I/WE fully understand and acknowledge that:

- (a) There are risks and dangers associated with participation in the Shivalik Signature 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 us 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 Releasee 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 Shivalik Signature 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 I 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 SHIVALIK SIGNATURE 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.

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 India which the Shivalik Signature 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.

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.

.....
Participant Signature

.....
Date

.....
Printed Name of Participant

Email Address

Address

.....
Name of Racer/Team you are supporting:

Your Role in Shivalik Signature :.....Racer,.....Crew,
..... Official/Staff

Acknowledged by:

.....
Signature

.....
Printed Name

.....
Date