



**THE TEAM  
JOE BARR  
200**



**THE TJB  
COASTAL  
330**



**THE  
JOE BARR  
500**

**REGISTRATION  
PACKAGE  
2022**

# Release and Waiver of Liability and Indemnity Agreement

**EVERY CYCLIST AND CREW MEMBER TO SIGN**

*(Read Carefully Before Signing)*

In consideration of being permitted to participate in any way in the Team Joe Barr 200, The TJB Coastal 330 or The Joe Barr 500 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. I fully understand and acknowledge that:

- There are risks and dangers associated with participation in the Team Joe Barr 200, The TJB Coastal 330 or The Joe Barr 500 which could result in bodily injury, partial and/or total disability, paralysis and death;
- The social and economic losses and/or damages, which could result from these risks and dangers described above, could be severe;
- 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
- There may be other risks not known to us or are not reasonably foreseeable at this time.

2. I 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.

3. I 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 Team Joe Barr 200, The TJB Coastal 330 and The Joe Barr 500 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.

4. I HEREBY acknowledge that the Team Joe Barr 200, The TJB Coastal 330 and The Joe Barr 500 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 releases. I also acknowledge that while Team Joe Barr have minimal marshals on course, the job of these marshals is to monitor adherence to the race RULES. These marshals can facilitate riders and crew in difficulty, however, the responsibility of maintaining the health and wellbeing of rider and crew rests within each rider and crew.

5. EACH OF THE UNDERSIGNED further expressly agrees that the foregoing release, waiver, and indemnity agreement is intended to be broad and inclusive as is permitted by the laws of Northern Ireland and Ireland in which the Team Joe Barr 200, The TJB Coastal 330 and The Joe Barr 500 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.





# Informed Consent

ONE PER EACH RACER

Name :

Date of Birth :

Address :

Contact Tel. No. :

Emergency Contact :

Email Address :

I, , declare that I intend to take part in the Team Joe Barr 200, The TJB Coastal 330 or The Joe Barr 500 (please circle one) 2022. I am aware that as with all types of exercise there is an inherent risk of heart attack, light-headedness, fainting, cramps, muscle or joint injury, etc.

I have discussed any prior health condition/s that are a concern with my physician and I have decided to participate in this event. I acknowledge the risks and I understand I am free to withdraw from this event at any time. I understand that Team Joe Barr accepts no responsibility whatsoever for any injuries or death during or after participation in this event. I agree that the role of any Team Joe Barr marshal is to monitor and report race RULE violation. 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*



# Racer Information Form

FILL OUT BEFORE SIGN-ON

Team or Racer Name :

	Racers Name(s)	Racing Age*
1		
2		
3		
4		

\*Racing Age is the age the racer will be at the time of the race.

Please provide for inspection either your driving licence or passport as proof of age and I.D.

# Crew Information Form

**FILL OUT BEFORE SIGN-ON**

Team or Racer Name :

Crew Chief Name :

**Team Contact Number**

**IMPORTANT:** This is the number that will be used to contact to crew under race conditions and must be kept on at all times.

	Crew Names	D.O.B	Driving Licence Inspected	
			YES	NO
<b>1</b>			<input type="checkbox"/>	<input type="checkbox"/>
<b>2</b>			<input type="checkbox"/>	<input type="checkbox"/>
<b>3</b>			<input type="checkbox"/>	<input type="checkbox"/>
<b>4</b>			<input type="checkbox"/>	<input type="checkbox"/>
<b>5</b>			<input type="checkbox"/>	<input type="checkbox"/>
<b>6</b>			<input type="checkbox"/>	<input type="checkbox"/>
<b>7</b>			<input type="checkbox"/>	<input type="checkbox"/>
<b>8</b>			<input type="checkbox"/>	<input type="checkbox"/>

Please produce all parts of driving licence for EACH driver along with proof of insurance for inspection.

# Bicycle Inspection Form

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

Solo Racer/Team Name :

Number of Bikes :

Lights	Bike 1	Bike 2
Red Rear Tail Light. Must be visible from 150 meters		
Headlight which projects light 6 meters onto pavement and be visible for 100 meters.		
Spare Batteries for lights		
Helmet in good condition		

Reflective Material	Bike 1	Bike 2
15cm x 1cm on rear seat stays		
15cm x 1cm on side front fork		
Three pieces measuring 3cm x 1cm on each side of wheel, including spares, if not standard box rim wheel		
3cm x 1cm back of crank arms, visible from the rear of the bike.		
High Viz vest / clothing for rider		

First Aid Kit	Comments
First Aid Kit - adequate to deal with minor cuts and grazes, impact injuries and breakages (disinfectant, gauze, plasters, bandages)	

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.

*Team Joe Barr Official Signature*

*Date*

*Racer or Crew Chief Signature*

*Date*

# Support Vehicle Form

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

Racer/Team Name :

Vehicle Make and Model :



Vehicle Registration No. :



Windows, Mirrors, Visibility - All Vehicles	One	Two
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		
High Viz Vests for all crew		

Vehicle Lights - All Vehicles	One	Two	Signage - All Vehicles	One	Two
Head Lights			Vehicle signs with racer no. front and sides and back		
Rear Lights operational					
Indicator Lights operational					
Hazard Lights					
Reverse Lights					

Roof Lights - Follow and Film/Media Vehicles	One	Two	Signage - Follow and Film/Media Vehicles	One	Two
Amber roof light visible from 360 degrees. Vehicles 1.7m high or over - 1 lights			Vehicle signs with racer no. Front and sides		
Spare amber light with bulb and batteries (if required)			Caution Cyclist ahead (rear)		

Judgement 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.

*Team Joe Barr Official Signature*

*Date*

*Racer or Crew Chief Signature*

*Date*





# Vehicle Insurance Form

**PROOF OF VEHICLE INSURANCE (OR RENTAL AGREEMENT) MUST BE PROVIDED FOR INSPECTION**

In consideration of the acceptance of participation in the Team Joe Barr Event, 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.

Team or Racer Name :

## Vehicle 1

Vehicle Make and Model :

Registration No. :

## Vehicle 2

Vehicle Make and Model :

Registration No. :

*Team Joe Barr Official Signature*

*Date*

*Racer or Crew Chief Signature*

*Date*

Copy of insurance CERTIFICATE or rental Agreement for each car MUST be available for inspection

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# Master Checklist

**CHECK ALL YOUR DOCUMENTS ARE COMPLETE  
BEFORE SUBMITTING**

## **Racer(s) Documents**

- Racer Name(s) Form - printed and filled out.
- Proof of identity (Driver's Licence or Passport) – one for each racer
- Informed consent - printed and signed - one for each racer

## **Team Documents**

- For Inspection – driving licence of each driver with proof of insurance or
- rental agreement
- Waiver - signed by all racers and crew members

## **General Documents needed at Sign-in and for Inspection**

- Bicycle Inspection Form - printed and filled out
- Vehicle Insurance Form - printed and filled out
- Support Vehicle Form - printed and filled out
- Race phone(s) - number will be checked on-site.