



**THE**  
**JOEBARR**  
**500**

**2024**

**REGISTRATION**  
**PACK**



## 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 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:
  - a. There are risks and dangers associated with participation in The Joe Barr 500 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.
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 Joe Barr 500, 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 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 has 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 Joe Barr 500 is 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.

PRINTED NAME	SIGNATURE	DATE



## Informed Consent

ONE FORM PER RACER

<b>NAME:</b>	
<b>DATE OF BIRTH:</b>	
<b>ADDRESS:</b>	
<b>CONTACT TEL. NO.:</b>	
<b>EMERGENCY CONTACT:</b>	
<b>EMAIL ADDRESS:</b>	

I, \_\_\_\_\_, declare that I intend to take part in The Joe Barr 500 2024. 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

**RACER/TEAM NAME:**

	RACERS NAME(S)	RACING AGE*
1		
2		

CATEGORY	
Male Solo Supported under 50	
Male Solo Unsupported over 50	
Female Solo Supported under 50	
Female Solo Unsupported over 50	
2-Person Team	

\*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 I.D. and proof of age.

## Crew Information Form

FILL OUT BEFORE SIGN-ON

<b>RACER/TEAM NAME:</b>	
<b>CREW CHIEF NAME:</b>	
<b>TEAM CONTACT NUMBER*:</b>	

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

	CREW NAMES	D.O.B.	DRIVING LICENCE INSPECTED
<b>1</b>			
<b>2</b>			
<b>3</b>			
<b>4</b>			
<b>5</b>			
<b>6</b>			
<b>7</b>			
<b>8</b>			

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

## Bicycle Inspection Form

<b>RACER/TEAM NAME:</b>	
<b>NUMBER OF BIKES:</b>	

**BEFORE** inspection – fill out the information **ABOVE**.

LIGHTS	BIKE 1	BIKE 2
Red rear tail light. Must be visible from 150 meters		
Headlight which projects light 6 meters onto pavement and is visible for 100 meters		
Spare batteries for lights or power pack		
Unsupported Solos – rear flashing light for helmet during night time hours.		
Helmet in good condition		
Unsupported Solos – helmet race number applied (supplied at sign on)		
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		
Unsupported Solos – reflective material on full length of rear seat post		
FIRST AID KIT	COMMENTS	
First Aid Kit - adequate to deal with minor cuts and grazes, impact injuries and breakages (disinfectant, gauze, plasters, bandages)		

Judgement 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.

<i>Team Joe Barr Official Signature</i>	<i>Date</i>
<i>Racer or Crew Chief Signature</i>	<i>Date</i>

## Support Vehicle Form

ONE FORM PER VEHICLE

<b>RACER/TEAM NAME:</b>	
<b>VEHICLE MAKE &amp; MODEL:</b>	
<b>VEHICLE REGISTRATION NO:</b>	

**BEFORE** inspection – fill out the information **ABOVE**.

ALL VEHICLES			
WINDOWS, MIRRORS, VISIBILITY		VEHICLE LIGHTS	
Driver must have clear visibility through windscreen, both front side windows & side mirrors.		Head Lights	
Rear Window - No blind spots with mirrors		Rear Lights operational	
Caution Cyclist Ahead Sign and Rear Lights visible if rear racks and bikes attached		Indicator Lights operational	
High Viz Vests for all crew		Hazard Lights	
SIGNAGE		Reverse Lights	
Vehicle signs with racer no. front and sides and back			
FOLLOW AND FILM/MEDIA VEHICLES			
ROOF LIGHTS		SIGNAGE	
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 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*



## 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.

<b>RACER/TEAM NAME:</b>	
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<b>VEHICLE 1</b>	
<b>VEHICLE MAKE &amp; MODEL:</b>	
<b>VEHICLE REGISTRATION NO:</b>	

<b>VEHICLE 2</b>	
<b>VEHICLE MAKE &amp; MODEL:</b>	
<b>VEHICLE REGISTRATION NO:</b>	

<i>Team Joe Barr Official Signature</i>	<i>Date</i>
<i>Racer or Crew Chief Signature</i>	<i>Date</i>

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

## Master Checklist

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

<b>RACER(S) DOCUMENTS</b>	
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	
<b>TEAM DOCUMENTS</b>	
Driving licence of each driver with proof of insurance, or rental agreement	
Waiver - signed by all racers and crew members	
<b>GENERAL DOCUMENTS NEEDED AT SIGN-IN AND FOR INSPECTION</b>	
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	