



Clearance To Race Forms

Team/Racer Name: _____

Team/Racer Number: _____

Racers: _____

Crew Chief: _____

2021
Oceanside to Annapolis

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Clearance to Race

Team/Racer Number _____



Instructions: You must complete each Start Line Task below. For each Task, it must be signed off by a RAAM Staff person indicating successful completion. **Once all are complete, you must turn this form back in at the Race Office to receive your final clearance to race.**

All must be complete and turned in at least 1 hour before the Racer Meeting or you will incur a 1 hour penalty.

Sign Off On-Time Task

Signed-In, Racer Packet picked up

Who/Where: Crew Chief or Racer, Community Center (Race Office)

Photo Session

Who/Where: All Racers, Community Center (Race Office)

Vehicle and Equipment Inspection

Who/Where: Crew Chief or Racer, Harbor Lot 1

Crew Chief Meeting

Who/Where: Crew Chief or Crew, Community Center Gymnasium

Completely Paid and Jersey Sizing, Racer Merchandise Pickup All Racer(s) must be present for Jersey Sizing.

Who/Where: Crew Chief and All Racers, RAAM Store

All Forms Complete and Returned

- Proof of Age, Vehicle Agreements, Driver's License, RAAM/RAW Waivers, San Diego County Waiver, Arizona State Waiver

Who/Where: Crew Chief or Racer, Community Center (Race Office)

Valid Race Phone Number(s) – US Based Number – Internet and Text Message Capable (SMS)

Primary Number _____

Secondary Number _____

FINAL CLEARANCE TO RACE, RAAM Office

RAAM Official Signature

Date _____

Racer or Crew Chief Signature

Date _____



RAAM Materials Checklist

All Entries – Solo and Team

- 12 Vehicle Signs with Racer # and Name (all 4 sides of vehicle)
- 3 Caution Bikes Ahead (rear)
- 6 Race Coverage stickers (sides)
- 3 Race Across America windshield stickers

*Additional signage is available through the RAAM Store

Per Person

S	2P	4P	8P (circle one)	
2	4	8	16	Bicycle Number Tags (for 2 bikes)
2	4	8	16	Reflective Tape (for 2 bikes)
2	4	8	16	Helmet Tags (for helmet)

S	2P	4P	8P (circle one)	
3	4	4	6	Route Books
3	4	4	6	Race Updates
3	4	4	6	HQ Phone Stickers

_____ Check if additional supplies ordered.

_____ Ask if Photo and Inspection scheduled.

_____ Racer/Crew Chief Initials when all material received.

Proof of Age

Number of Racers: _____

Instructions

- Fill out Racer List below.
- Provide a copy of a valid identification for each Racer showing the Racer's Name, Photo, and Birthdate. Examples are driver's licenses and passports.

A three-hole punch will be available at the Race Office.

Racers

Name	Birthdate	Racing Age*
#1:		
#2:		
#3:		
#4:		
#5:		
#6:		
#7:		
#8:		

* **Racing Age** is the age the racer will be in 2021. For example, the racing age of someone born in 1973 would be 48 the racing age of someone born in 1959 would be 62.

** **Team Racing Age** is the average of the racer's racing age.

Vehicle Insurance Agreements

Number of Vehicles: _____

Instructions

- Fill out and sign the Vehicle Insurance Agreement Form
- Insert copy of proof of insurance (or rental agreement) for **every** vehicle, including RVs, to be used as Support Vehicles during the race

Proof of Insurance can be in several forms:

- A rental agreement with verification of acceptance of Insurance Coverage provided by the rental agency
- If using insurance provided by your credit card, you must be able to show the insurance coverage provided by the credit card AND that it's the same credit card to which the rental vehicle is being billed
- A personal insurance policy for a personal (non-rental) vehicle

Vehicle Insurance Agreement

In consideration of the acceptance of my participation in the Race Across America/Race Across the West, I hereby affirm that each motorized vehicle listed below to be used in the event is covered with at least the minimum insurance requirement per the state of vehicle registration. For each vehicle a copy of the proof of vehicle insurance (or rental agreement) is included.

RAAM Official Signature

Date

Racer or Crew Chief Signature

Date

Vehicle #1

Vehicle Make and Model

State and License #

Vehicle #2

Vehicle Make and Model

State and License #

Vehicle #3

Vehicle Make and Model

State and License #

Vehicle #4

Vehicle Make and Model

State and License #

Vehicle #5

Vehicle Make and Model

State and License #

Driver's License

Number of Drivers: _____

Instructions

- Fill out and sign the Driver's License Agreement Form
- Insert copy of driver's license for every crew person who will be driving during the race. If a racer will be driving, you must include a copy of their driver's license also.

It is recommended that each driver to carry their own vehicle insurance card verifying that they have their own insurance.

Driver's License Agreement

In consideration of the acceptance of my participation in the Race Across America/Race Across the West, I affirm that any member of my support crew or racer who drives a motor vehicle possesses a valid driver's license for operating this motor vehicle on the roads in the United States of America and is authorized to drive that vehicle. For each driver a copy of their driver's license is included.

RAAM Official Signature

Date

Racer or Crew Chief Signature

Date

Driver #1: _____

Driver #2: _____

Driver #3: _____

Driver #4: _____

Driver #5: _____

Driver #6: _____

Driver #7: _____

Driver #8: _____

Driver #9: _____

Driver #10: _____

Driver #11: _____

Driver #12: _____

Vehicle Inspection Forms

Number of Vehicles: _____

Instructions

- You need one Form for every four (4) vehicles to be used during the race, including personal Film/Media vehicles.
- Make additional copies as needed.

Consult the Instructions section for recommendations for sign placement.

NOTE: RAAM Vehicle Inspections are not intended to certify the fitness or road-worthiness of the vehicle. The inspection is done only to determine whether the racer and crew possess the appropriate safety equipment for the race and meet all rules.

NOTE on AMBER LIGHTS: During inspection we can only assess if amber lights work or not, we cannot assess brightness or visibility. Be sure to check visibility of your lights at night before coming to the race. During the race, if a Race Official assesses your lights to be too bright OR too dim, a Race Official will request modification to ensure visibility.



Vehicle Inspection Form

(Four vehicles per form.)

Solo Racer or Team Number. _____

Total number of vehicles. _____

Verify Rained Out app, _____

Vehicle Category

(Follow, Auxiliary, RV, Media) _____

License Plate Number and State _____

Make/Model/Color of Vehicle _____

Black Water Awareness _____

Flashing Amber Roof Lights _____

Head Lights/High Beams _____

Tail Lights _____

Brake Lights _____

Turn Signals _____

Reverse Lights _____

Factory Emergency Flashers _____

LED Light Bars below head lights _____

RAAM Issued Racer Number (x4) _____

RAAM Issued Caution Bicycles Ahead _____

RAAM Issued Race Across America _____

RAAM Issued Race Coverage (x2) _____

RAAM Issued Media Signs (Media) _____

RAAM Issued Dashboard Protocol _____

Slow-Moving Triangle Visible _____

360° Visibility w/ Mirrors & Windows _____

**135° Right Side Visibility through
Passenger-Side Windows** _____

Vehicle night-time head lights, emergency flashers, and flashing amber roof lights **MUST ALL BE VISIBLE DAY AND NIGHT**. Equipment used in any previous race must meet all current RAAM Rules and pass all current RAAM inspections.

Judgment of the RAAM Official is **FINAL**. If your equipment is deficient, a second inspection will then be required PRIOR to the race start to clear the deficiency. An Official's signature indicates a successful inspection.

RAAM Official Signature

Date

Racer or Crew Chief Signature

Date



Equipment Inspection Form

Bicycle/Lights/Wheels/Helmet

(one form per solo racer or team)

Solo Racer or Team Number. _____

Total number of bicycles (all bicycles are reported on this form). _____

Brands of bicycles inspected. _____

Total number of spare wheels. _____

Front headlight/batteries/charger. _____

Red reartailight/batteries/charger. _____

RAAM issued bicycle number tag visible from the seated racer's left side. _____

Reflective Tape on Wheels. At least FOUR PIECES, each piece at least 1 cm wide by 3 cm long, ON EACH SIDE OF EVERY WHEEL, including spare wheels. Eight pieces total per wheel. Reflective writing does not count. _____

Reflective Tape on Cranks. One piece of reflective tape, at least 1 cm wide, wrapped completely around each crank halfway between the bottom bracket axle and the pedal axle so reflective tape is visible from any direction. _____

Safety Standard Approved Helmet in good condition.
(ANSI, Snell, ASTM, CSA, CPSC, CEN) _____

RAAM issued helmet number tag visible from the seated racer's left side. _____

Front headlight, red rear taillight, reflective tape on wheels and cranks, and helmet MUST BE VISIBLE AT ALL HOURS, DAY AND NIGHT, while the active racer is on the road.

Equipment used in any previous event must meet all current RAAM Rules and pass all current RAAM inspection standards.

Judgment of the RAAM Official is **FINAL**. If your equipment is deficient, a second inspection will then be required **PRIOR** to the race start to clear the deficiency.

An Official's signature indicates a successful inspection.

RAAM Official Signature

Date

Racer or Crew Chief Signature

Date

RAAM/RAW Waivers

Number of Racers: _____

Number of Crew: _____

Instructions

- You need one signed copy **for each racer and crew member**
- Make copies as needed

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT ("AGREEMENT")

In consideration of participating in the **Race Across America/Race Across the West** 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 acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the Activity.

I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue Race Across America, Inc., Team Get Outdoors, LLC and their respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, including without limitation all States, counties, cities, towns, villages, municipalities and unincorporated places and the like as well as employees and agents of such places that a race participant passes through during an Event, Law Enforcement Agencies and other Public Entities providing support for the Event; (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations; and I further agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the releasees from any loss, liability, damage, or cost which any may incur as the result of such claim.

I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it be a complete and unconditional release of all liability to the greatest extend allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Date: _____

Printed name of participant

Signature of participant

MINOR RELEASE

I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF ULTR-DISTANCE CYCLING ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEE'S FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DESPITE

THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

PRINTED NAME OF PARENT/GUARDIAN: _____

ADDRESS: (Street) (City)(State) (Zip) _____

PHONE: _____

PARENT/GUARDIAN SIGNATURE (only if participant is under the age of 18): _____

DATE: _____

San Diego County & Arizona State Waivers

Number of Racers: _____

Number of Crew: _____

Instructions

San Diego County Waiver

- You need one signed copy **for each racer**
- Make copies as needed

Arizona State Waiver

- **Each racer and crew** must sign the waiver (disregard column for Plate #)
- Make copies as needed



Athlete's – Participant's Waiver – Release Form

County of San Diego

DPW / Transportation Division, Special Event Permits
5510 Overland Ave., Ste 410, Rm 470 (MS0334), San Diego, CA 92123-1239
Phone (858) 694-3850 Fax (858) 694-3928

Initials &
Signature
Required
As Noted!

This is a contract with legal consequences. I have been advised to read it carefully before signing.

1. I hereby waive, release and discharge for myself, my heirs, legal representatives, executors, administrators, assignees, and successors in interest (collectively referred to as "Successors") any and **all rights and claims for damages**, injuries, expenses or costs of any kind which I have now or may acquire in the future that are directly or indirectly related to my participation in or association with the Event (collectively referred to as "Claims"), **against the County of San Diego**, law enforcement agencies, the sponsors, organizers and any promoting organizations for this Event, and their respective agents, officials, and employees (collectively referred to as the "Released Parties"). The waived, released and discharged Claims include claims arising from the Released Parties' own active or passive negligence.

Initials

2. I acknowledge and fully realize the dangers of participating in a athletic event and fully assume the risks associated with participation including, by way of example and not limitation, the following: the dangers of collision with pedestrians, vehicles, other participants, and fixed objects; the dangers arising from surface hazards, equipment failure, inadequate safety equipment, the **Released Parties' Own Negligence**, weather conditions; and the possibility of serious physical and/or mental trauma or injury associated with athletic events.

Initials

3. I agree it is my sole responsibility to be familiar with the course and any special regulations for the Event. I understand and agree that situations may arise during the Event that are beyond the immediate control of Event supervisors and organizers and I must continually participate so as to neither endanger myself or others. I accept responsibility for the condition and adequacy of my equipment. For bicycle events I will ride wearing a helmet that satisfies requirements of the U.S. Cycling Federation's Racing Rules capable of protecting against serious head injury. I assume all responsibility for the selection of the helmet. I have no physical or mental condition, which to my knowledge, would endanger others or myself if I participate in this Event, or would interfere with my ability to participate in this Event.

Initials

4. I agree for myself and Successors that the above representations are **contractually binding** and are not mere recitals, and that should I or my Successors assert a claim in contravention of this agreement, the asserting party shall be liable for the expenses (including legal fees) incurred by the other party or parties defending, unless the other party or parties are finally adjudged liable on such claim for willful and wanton negligence. This agreement may not be modified orally. Waiver of any provision of this agreement is intended to be severable. If one or more provision is found to be unenforceable or invalid, the remaining terms and provisions shall remain binding and enforceable.

Initials

Type of event (description): Bicycle Ride Along County Roads

Initials

Participant's Name (printed): _____ Club/Team Name: _____

Address: _____ City, State & Zip: _____

Age: _____ Home Phone: _____ Work Phone: _____ Other Phone: _____

Who to notify in case of emergency (printed): _____ Phone: _____

Sign & date

X

Signature of Event Participant (also initial above paragraphs as noted) Date

Consent and Release of Parent or Guardian

I, as the parent or guardian of the above named minor hereby give permission for my child or ward to participate in the Event and further agree, individually and on behalf of my child or ward, to all terms stated above.

Sign & date

X

Signature of Parent or Guardian (also initial above paragraphs as noted) Date

Submit form with original signature to the County

Athlete/Participant to make duplicate original for their records.

VOLUNTEER AND/OR PARTICIPANT SIGN-IN AND WAIVER OF LIABILITY

By signing this form I agree to act as a volunteer and/or participant and to be bound by the terms of the waiver of liability below. In consideration of my desire to serve as a volunteer and/or participant for the 2021 Race Across America Event sponsored by Race Across America, Inc.; I hereby assume all responsibility for any and all dangers or risk of property damage or bodily injury that I may sustain while volunteering and/or participating. Further, I hereby release, indemnify, hold harmless, waive and discharge Yavapai County, their Boards, Council, officials, employees, volunteers and agents from any and all claims asserted by anyone arising from out of any injury or accident I suffer, actions, losses, liabilities, costs, damages, or expenses, including but not limited to court costs and reasonable attorney's fees arising out of bodily injury or death, or tangible or intangible property damage, which I or my spouse, children, heirs, executors, successors or assigns ever may have in connection with such volunteer efforts, or my participation therein, and hereby waive all such claims, demands and causes of action. Further, I expressly agree that this release and waiver is intended to be as broad and inclusive as permitted by the State of Arizona, 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, reviewed, understand, and agree to this waiver of liability.

NAME	ADDRESS	SIGNATURE	PLATE #	DATE
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				
6. _____				
7. _____				
8. _____				
9. _____				
10. _____				
11. _____				
12. _____				