

# ET CompuTrainer Classes



*An indoor bike program that will move your cycling to the next level*

Want to get faster on the bike for next race season? We are happy to announce that ET CompuTrainer will be offered again this year to assist!

Proven by professional triathletes, cyclists and age groupers to improve speed and pedaling efficiency, the CompuTrainer MultiRider system provides a new, exciting and technically superior way to stay motivated through the long winter months. We'll ride simulated courses such as Ironman Wisconsin, Racine, Steelhead, USA Triathlon Nationals courses, etc. as well as custom designed interval workouts that will improve your threshold power output.

**Winter Session II** will start January 27 and finish on March 28 (9 weeks). There is a maximum of 8 athletes per class, and each athlete will ride their own bike. You can choose to attend one, two or three sessions per week. Session times are:

Wednesdays 10:00am – 11:30am

Wednesdays 6:00pm – 7:30pm

Sundays 7:30am – 9:00am

Sundays 12:00pm – 1:30pm

## Winter Session II Cost:

1 session per week = \$ 135

2 sessions per week = \$ 252

3 sessions per week = \$ 365

**Location:** Spokes. 69 Danada Square East, Wheaton.

**To register, complete the form below.**

Sponsored by 

# ET CompuTrainer Class

## Registration Form

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**Winter Session II: January 27, 2010 through March 28, 2010.**

1. Select payment for one, two or three sessions per week:

\_\_\_ \$135 for one (or) \_\_\_ \$252 for two (or) \_\_\_ \$365 for three

2. Select which one, two or three sessions you'll attend:

\_\_\_ Wednesdays 10:00 am-11:30 am

\_\_\_ Wednesdays 6:00 pm-7:30 pm

\_\_\_ Sundays 7:30 am-9:00 am

\_\_\_ Sundays 12:00pm-1:30pm

3. Complete the contact information, payment information and waiver below.

4. Submit completed form, payment and signed waiver via US mail or fax to:

Experience Triathlon LLC  
PO Box 4622, Naperville, IL 60567  
Fax: (630) 445-5822

Participant's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Signature \_\_\_\_\_

**Please mail (or fax) registration to:** Experience Triathlon LLC  
PO Box 4622, Naperville, IL 60567  
**Fax** -> 630-445-5822

Payment type: \_\_\_ Check payable to Experience Triathlon \_\_\_ Credit Card

Name on credit card \_\_\_\_\_

Credit Card number \_\_\_\_\_

Expiration date \_\_\_\_\_ Security code (3 or 4 digits on back of card) \_\_\_\_\_

I acknowledge that training for and/or participating in a bicycle, running, swimming, triathlon or duathlon event is an extreme test of a person's physical and mental limits and such training or participation poses potential risks of serious bodily injury, death, or property damage. With full understanding of the risks I am taking, I HEREBY ASSUME ALL THE RISKS OF TRAINING FOR AND PARTICIPATING IN SUCH EVENTS and agree to the following

ExperienceTriathlon LLC has been retained to assist me in the improvement of my fitness.

I hereby attest that I am in good health and my physical condition has been verified by a licensed medical doctor and, furthermore the licensed medical doctor has been advised that I intend to participate in these events.

In consideration of being accepted as a fitness client by ExperienceTriathlon LLC, I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns, or anyone else who might claim or sue on my behalf: (a) I WAIVE, RELEASE, AND DISCHARGE from any and all claims, costs, or liabilities for death, personal injury or damages of any kind, which arise out of or relate to my training for or participation in a bicycling, running, swimming, triathlon or duathlon event, THE FOLLOWING PERSONS OR ENTITIES: ExperienceTriathlon LLC and/or Spokes Bikes (b) I AGREE NOT TO SUE any of the persons or entities mentioned above for any of the claims, costs or liabilities that I have waived, released or discharged herein; and (c) I INDEMNIFY, DEFEND, and HOLD HARMLESS the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions except those resulting from the willful acts or gross negligence of ExperienceTriathlon LLC and/or Spokes Bikes.

I agree to abide by the laws of the State of Illinois and to litigate any disputes between myself (the Client), ExperienceTriathlon LLC and/or Spokes Bikes within the legal jurisdiction of Illinois, (DuPage County)

I AFFIRM THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER, I HAVE READ THIS DOCUMENT AND UNDERSTAND ITS CONTENTS. I UNDERSTAND THAT BY SIGNING THIS DOCUMENT I AM WAIVING SIGNIFICANT LEGAL RIGHTS AND AM INCURRING SIGNIFICANT LEGAL LIABILITIES. I HAVE BEEN SPECIFICALLY ADVISED TO CONSULT WITH AN ATTORNEY IF I DO NOT UNDERSTAND ANY PORTION OF THIS RELEASE AND AGREEMENT.

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Print name

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Signature

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Date