

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 many simulated courses such as Ironman Wisconsin, Racine, Steelhead, USAT Nationals courses, etc. as well as custom designed interval workouts that will improve your threshold power output.

Winter Session I will start November 11 and finish on January 24. There is a maximum of 8 athletes per class, and each athlete will ride their own bike. You can choose to attend one or two classes per week. Class times are:

Wednesdays 10:00am – 11:30am

Wednesdays 6:00pm – 7:30pm

Sundays 7:30am – 9:00am

Winter Session I Cost:

1 day per week = \$ 135

2 days per week = \$ 252

Location: Spokes. 69 Danada Square East, Wheaton.

For more information send an email to coachjoe@experiencetriathlon.com

To register, complete the form below.

Sponsored by 

ET CompuTrainer Class

Registration Form

Winter Session I: November 11, 2009 through January 24, 2010.

1. Select payment for one or two days per week:

___ \$135 for one day **or**

___ \$252 for two days

2. Select which day or which two days you'll attend:

___ Wednesdays 10:00 am-11:30 am

___ Wednesdays 6:00 pm-7:30 pm

___ Sundays 7:30 am-9:00 am

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.

Print name

Signature

Date