

PEDAL ACROSS WISCONSIN, INC.
Door County Holiday September, 16- 20th 2013
Registration Form and Waiver

Please complete registration, read and sign waiver, and return to:

PEDAL ACROSS WISCONSIN
1205 WESLEY AVENUE
EVANSTON, IL 60202
847-707-6888

Email: drjpedal@sbcglobal.net

Each participant must sign a waiver, but more than one person can complete the registration portion. Please provide additional registration information on a separate sheet of paper. For non-riders, please call or email us. You will find the cancellation policy after the registration page & just before the waiver.

_____ M/F _____ Age _____
First Name Last Name

_____ Street City State Zip

_____ Home Phone Cell Phone Work Phone

_____ Emergency Contact & Phone Your Email (please print clearly)

Roommate:

Do you need PAW to help you find a roommate? YES____ NO____

If you have a roommate, please provide name here: _____

Please Note:

If you cancel and leave your roommate without a replacement, you'll need to pay the private room fee, explained in the cancellation section below.

If this is your first tour with Pedal Across Wisconsin, how did you hear about us?

_____ Friend: Name: _____ Bike Club _____
_____ Internet: Website _____ Other _____

FOR PAW USE ONLY:

Deposit: \$ _____ # _____ Balance: \$ _____

Roommate: _____

Date added: _____

TOUR FEES:

_____ **Adults @ \$ 575.00** Includes motel Monday thru Thursday, (assumes two persons/room. For private room, add \$185.00), 2 dinners, 4 continental breakfasts, baggage, maps, emergency support, on-road food stops, Happy Hours, and parking.

_____ **Adults Pre-ride Room, Sunday 9/15 in Sturgeon Bay, @ \$40.00/person**
assume 2 persons/room. For one person, rate= **\$80.00** \$ _____
Children stay free when parent(s) cover room cost.
Nearby lodging to be added when Sturgeon Bay Best Western and Sister Bay Open Hearth filled.

WINDSHIRT: 100% microfiber, the new high-tech materials that breathes going up hill better than you do. Machine washable with wrist and waistbands for extra comfort. Long-sleeved. Carolina Blue
Size: (circle) S M L XL 2X Quantity: _____ @ \$20.00 each \$ _____

PAW TEE-SHIRT: Lightweight, cotton blend, high-visibility Safety Yellow, Blue, or Pink.

Long-sleeve: Size: (circle) S M L XL X Quantity: _____ @ \$15.00 each \$ _____
Short-sleeve: Yellow (circle) S M L XL 2X Quantity: _____ @ \$10.00 each \$ _____
Short-sleeve: Turquoise (circle) S M L XL 2X Quantity: _____ @ \$10.00 each \$ _____
Short-sleeve: PINK (Womans T) S M L XL Quantity: _____ @ \$10.00 each \$ _____

TOTAL TOUR AMOUNT \$ _____

DEPOSIT ENCLOSED (Minimum 50% of total tour fees) \$ _____

BALANCE Due by Aug 15th \$ _____

Cancellation Policy per person:
Through Aug 15th: \$60.00
After Aug 15th, the maximum refund will be equal to the total returned by motels and restaurants to PAW.

NOTE: If you have a roommate, the private room fee of \$185 (plus \$40 for pre-room) will be assessed, in addition to these cancellation fees, if no replacement can be found.
Please complete registration form and waiver and enclose minimum 50% deposit. **Checks should be made out to: 'Pedal Across Wisconsin, INC.'** Sorry, we do not take credit cards.

Pedal Across Wisconsin, Inc. Release and Waiver of Responsibility:

In signing this release, I acknowledge that I understand the nature of the Pedal Across Wisconsin, Inc. tour ('activity') and that it is a potentially hazardous event, and attend it of my own free will and choice. In choosing to attend Pedal Across Wisconsin, Inc.'s activity and any related events or activities, I fully assume all risks, whether before, during or after the Pedal Across Wisconsin, Inc. activity or related activities. These include, without limitation, collision with pedestrians, vehicles, other riders, sponsors, promoters, or drivers, and dangers arising from falls, camping, theft, road surface, equipment failure, inadequate safety equipment, weather conditions, as well as the possibility of physical and/or mental trauma, mental injury, emotional stress, serious bodily injury resulting in disability, death and paralysis. I realize Pedal Across Wisconsin, Inc. activities require physical conditioning, and I represent myself that I am in sound medical condition, capable of participating without risk to myself and others. I have no medical impediment that would endanger myself or others. I waive any and all specific notices of risks. I agree that maps, directions, leaders and road markings are provided for my convenience only, and not to guarantee a safe route or trip. I understand and agree that a situation may arise during the Pedal Across

Wisconsin, Inc. activity which may be beyond the control of the sponsors, promoters, or organizers, and agree to participate so as not to endanger myself and others.

I understand that any route or activity chosen as part of our outdoor adventure may not be the safest, but has been chosen for the interest or challenge provided. I understand the route requires bicycling on public roadways, and in bad weather, and that cyclists have been hospitalized and/or killed because of accidents that are either their responsibility or the responsibility of someone else. I further agree that I will bear and assume all expenses incurred in any accidents, illness, or loss of any kind. I further agree and warrant that if, at any time, I believe conditions to be unsafe, I will immediately discontinue further participation in the activity. I hereby consent to and permit emergency treatment in the event of injury, illness or death.

I give full permission for use of my name and photograph, motion pictures, video tape, recording, written comments or opinions, or other records of this event for any legitimate purpose. Pedal Across Wisconsin, Inc. reserves the right to decline accepting or retaining any tour participant whose health or actions impede the operation of the tour, or welfare of other tour participants. An approved (ANSI or Snell or equal) helmet is strongly recommended for use by all participants while riding bicycles. I agree to the terms and conditions of the Pedal Across Wisconsin, Inc. cancellation policy. I park my vehicle at my own risk and acknowledge the safe-keeping of my bicycle as my responsibility.

The foregoing understood and agreed, I hereby release and waive any and all claims against Pedal Across Wisconsin, Inc. sponsors, workers, volunteers, organizations, schools, businesses, and any other parties connected with this event in any way ('releasees') singularly or collectively, and further hold harmless and indemnify such releasees from and against any liability, claims of negligence, misadventure, harm, loss, inconvenience, or damage hereby suffered or sustained as a result of participation in the Pedal Across Wisconsin, Inc. tour, or any other activity associated herewithin. Such release, waiver, hold harmless and indemnity shall apply to my own claims and/or claims of third parties, relating to my participation in this event. I waive, release, discharge for myself, my heirs, executors, administrators, legal representatives (including successors) any and all rights and/or claims which I have, may have, or may hereafter accrue to me against the sponsors and promoters of Pedal Across Wisconsin, Inc. or other sponsors or affiliated organizations and their respective agents, officers, and employees for any and all damages, injuries or claims which may be sustained by me directly or indirectly arising out of my participations in Pedal Across Wisconsin, Inc. I agree to abide by the rules of the road and certify that I have read the Pedal Across Wisconsin, Inc. safety letter and agree with the advice and procedures therein. I agree to abide by the rules of the road and to read the PAW safety letter when sent to me.

The undersigned acknowledges having read and agreed to the terms of the foregoing *Release and Waiver of Liability* agreement and also acknowledges they have read the [safety letter](#).

EACH PARTICIPANT MUST SIGN A SEPARATE WAIVER

Signature of Adult Participant

Date

Printed Name

Or, the following signatures if rider is a minor (under age 18): Parent or guardian must be on ride.

Signature of Minor Age* Date

Printed Name of Minor