## **Door County Holiday September 7-12 2025**

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

## PEDAL ACROSS WISCONSIN INC. 1205 WESLEY AVENUE EVANSTON, IL 60202

Or Email PDF: kennethjgoldman@yahoo.com

All Riders & Non-R	Multiple riders may share registration form.					
	tact hotels. Your room i	-				
			M	Age	F	Age
First name	Last nar	Last name				<b>U</b> —
Street		City		State		Zip
Home Phone	Cell Phone	Your Emai	l plea <u>s</u>	SE PRINT	Email co	onfirmation will be sen
Emergency Contact &	Phone					
	brid Trike Tandem not included in tour fees rts.com (Located 2 bloc		ontact: 1		Sport:	Over 35lbs 920-
Roommate: Do you	need PAW to help you to	find a roommate?	YES	_NO	_	
If you have a roomma	te, please provide name:	Name	V	our room	mata's	Fmoil
Group meals:		Name	10	Jui Toom	illiate s	Eman
	ietary needs or intolerand pply: 1. Gluten intolerar			neal if po egetarian		
First tour with Pedal	Across Wisconsin? If	so, how did you	hear ab	out us?		
Friend: Name:		Bike Club_				
Internet: Websi	te	Other				
FOR PAW USE ONL	Y:					_
Deposit: \$	#Balance	: \$				
Roommate:		Date	e added:			

## **TOUR FEES:**

**All Tour Fees Include:** Hotel Monday night Sept 8 thru Friday morning Sept 12, 1 Group Dinner, 4 Continental Breakfasts, Baggage Transport, Maps/Cue-sheets & GPS Links, Road Markings, SAG Support, Food Stops, Social Hours and Parking for the week.

# Adults \$1045 Per Rider (Based on 2 in a room; each person pays \$1045) For PRIVATE ROOM add \$545 (No roommate; 1 person per room)												
NOTE: Ride begins Mo Sunday Sept 7, the nig					ured grou	ip rate	hotel ro	oms				
# Adults: Hotel	Room	SUN	DAY	SEPT 7	@ Be	st West	ern Ma	ritime l	Inn Stur	geon B	Bay	
Inclu	ides aft	ernoo	n Warr	n-Up Bic	ycle Rid	e & Pa	rking					
				nes 2 per No Roon						<b>x</b> )		
#Non Riders: \$7 rider. Non-rider fee inc Dinner, Social hours, Ice responsible for their own	cludes: -cream	Hot <u>e</u> socia	l Mon ls, and	day nigh access to	t Sept 8 Food Sto	thru F	<u>riday 1</u>	<u>nornir</u>	ig Sept		roup	
Hotel Choice for Siste Sister Bay: For hotel des Hotel rooms will be ass	cription	ns Cl	lick He	ere	(Link als	o on D	oor Co					
Oper	n Heart	h		C	oachlite_							
PAW JERSEYS & T Pictures of Jerseys/T-shi			/iew J	lerseys	<u>&amp; T-sh</u> i	rts"	Or see	link on	Registr	ation V	Website Pag	ge
PAW JERSEY: Mens	Won	nens	M	L	XL	2X	3X	@	\$60_			
-	style:		NGE	OR	BLUE	E JERS	SEY	<b>@</b>	Φ.C.O.			
Additional	•		~~ <b>f</b> ~4~.	Valları 6	2- Owen a	. Dl	a D!.	@ -1- (A1)	\$60 LT abim	4		
TEES: Lightweight, hig unisex except Pink T, v				renow c	v Orang	e, Blue	, or Pii	ik, (Al	i 1-smr	is are		
Long sleeve Yellow: S	M	L	ХL	2X	Quantit	v:	@ \$	15.00 e	each \$			
Short sleeve Yellow: S	M	L	XL	2X	Quantit			15.00				
Short sleeve Blue: S	M	L	XL	2X	Quanti	ty:	@\$	15.00 e	ach \$			
Short PINK Womans S	M	L	XL		Quanti			515.00e				
Short sleeve Orange: S	M	L	XL	2X	Quanti	ty:	@ \$	<b>615.00</b>	each \$			
Additional T-Shirt(s)					Quanti	ity:	@\$	15.00	each \$			
TOTAL TOUR FEES	Inc	luding	Jersey	//T-Shirts	& Hotel	Option	9/7		\$			
DEPOSIT ENCLOSI	ED M	inimu	m 50%	of total	tour fees				\$			
Checks payable: Pedal Act kennethjgoldman@yahoo					also accep OR" AN		R NAM	E in me	emo			
BALANCE DUE JUI	_Y 1 .	•••••	•••••	•••••	•••••	•••••	•••••	•••••	\$			

Cancellation Policy per person: Through June 1<sup>st</sup>: \$90 fee per rider. (All tour fees returned except \$90) After June 1 maximum refund will equal total dollar amount returned by hotels and restaurants to PAW. NOTE: IF YOU HAVE A ROOMMATE, private room fee of \$545 (plus \$94 for hotel room

Sept 7) will be assessed, in addition to these cancellation fees, if no replacement found. Check Payable: Pedal Across Wisconsin, Inc. Zelle Accepted: kennethjgoldman@yahoo.com Sorry, credit cards not accepted.

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 others and myself. I have no medical impediment that would endanger others or myself. 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 others and myself. 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. I have read this agreement, fully understand all the terms it contains, and understand that I have given up substantial rights by signing it freely, and without any inducement or assurance of any nature, and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law, and agree that if any portion of this agreement is held to be invalid, the balance notwithstanding, shall continue to be in full force and effect. Any action to interpret or enforce it shall be brought in Kane County, in the State of Illinois. 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 ('releases') singularly or collectively, and further hold harmless and indemnify such releases 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 here within. 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 damagers, 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 will read the Pedal Across Wisconsin, Inc. 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 safetyletter Pedal Across Wisconsin, Inc. Waiver, Release of Liability and Indemnification Agreement Infectious Diseases - Including, but not limited to COVID-19 and its Strains and Variants. In consideration of your participation in Pedal Across Wisconsin, Inc.'s Tours, Rides and Related Activities and Events (collectively, the "Event"), you, the undersigned, acknowledges and agrees as follows: 1. While Pedal Across Wisconsin will take precautions before and during the Event to limit exposure and reduce the risk to infectious diseases, including but not limited to COVID-19 and its Strains and Variants, MRSA, influenza, and other communicable diseases, known and unknown (collectively, "Infectious Diseases"), the risk of serious illness and death exists. 2. You, as a participant, agree to abide by all rules and regulations related to the reduction of exposure to and risk of Infectious Diseases as directed by the Event personnel, and you agree to use reasonable precautions yourself to avoid spreading infection to others. 3. You knowingly and voluntarily assume all risks associated with the possible existence and consequences of Infectious Diseases, even if these risks result from the acts of others, and you agree to assume all responsibility of said participation in the Event. 4. You agree that you will comply with all rules and regulations for participation with respect to Infectious Diseases. These rules and regulations may change from time to time, before or during the Event as the situation may require and you agree to abide by any changes. 5. If you have been diagnosed with an Infectious Disease prior to the scheduled Event and have not been cleared by a licensed physician who has personally examined you, then you agree to not participate until such time as you are cleared. Nonparticipation under this Section is subject to the cancellation and refund rules of your registration. 6. If at any time during the Event you feel you may have symptoms consistent with exposure to Infectious Diseases, you agree to immediately remove yourself from participation and safely advise Event personnel immediately. 7. RELEASE. You, for yourself and on behalf of your heirs, assigns, personal representatives and next of kin, do hereby release and hold harmless Pedal Across Wisconsin, Inc., its shareholders, directors, officers, agents, employees, assigns, and the other participants of the Event (collectively the "Releasees"), with respect to any loss, injury, illness, disability or death, from exposure of any Infectious Disease resulting from your participation in the Event, whether said exposure was the result of negligence, gross negligence or reckless conduct from any participant or Event Personnel involved with the Event, to the fullest extent permitted by law. SIGNED ACKNOWLEDGEMENT: I have read this Waiver, Release of Liability and Indemnification Agreement. I fully understand its terms, and further understand that by signing it, I am giving up substantial rights by signing it. I am doing this freely and voluntarily and without any undue influence or inducement.

## **EVERY RIDER AND NON-RIDER MUST SIGN WAIVER** .

l acknowledge I have read SAFETY LETTER (Link also on registration website page)

Signature (Typed OK) of Adult Participant	Printed Name	Date
Signature (Typed OK) of Adult Participant	Printed Name	Date