PEDAL ACROSS WISCONSIN, INC. Door County Holiday <u>June</u> 19-23 2017

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

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

Multiple riders may share a registration form but all riders/non riders must sign their own waiver.

Please DO NOT contact hotels. Your room is already reserved and held for late arrival when you sign up for any PAW tour. Only contact hotels to reserve nights <u>not included</u> in the tour.

			M/F (circle)	Age		
First name	Last name					
Street	City	City		Zip		
Home Phone	Cell Phone Your email (PLEASE PRIN Email confirmation will be sent					
Emergency Contact & P	hone					
Bicycle type: Road Bike	e Trike Tandem	Recumbent	Other			
Roommate: Do you no	eed PAW to help you find a	roommate? Y	YESNO	_		
If you have a roommate,	please provide name here:					
Please check all that app	ary needs or intolerances that ly: 1. Gluten intolerance	2. Vegan	3.Vegetarian_			
First tour with Pedal A	cross Wisconsin? If so, h	ow did you h	ear about us?			
Friend: Name:		_Bike Club				
Internet: Website	;(Other				
FOR PAW USE ONLY	•					
Deposit: \$	#Balance: \$					

Date added:

TOUR FEES:

All Tour Fees Include: Hotel Monday night June 19th thru Friday morning June 23rd, 2 Group dinners, 4 Continental breakfasts, Baggage transport, Maps/Q-sheets, Road markings, SAG support, Food stops, Social Hours, and Parking for the week.

Adults @ \$ 665.00 Per Rider (Based on 2 in a room; each person pays \$665.00) For PRIVATE ROOM add \$285.00 (No roommate; 1 person per room)

NOTE: Ride begins on Monday June 19. PAW has secured a group rate for hotel rooms Sunday June 18, the night before the tour begins.

Adults: Hotel Room Sunday June 18 @ Best Western in Sturgeon Bay. Includes afternoon warm-up bicycle ride, Ice-cream social, baked goods and route brief **\$53.00**/ per person Assumes 2 persons per room. (Price includes tax) **\$106.00 Private Room (No Roommate)** (Price includes tax)

Non Riders: (a) 95.00 per person: Non-riders may attend when sharing room # with rider. Rider must add private room fee. Non-rider fee includes all Group meals, Social hours, Ice-cream socials, access to food stop snacks. Non-riders are responsible for their own transportation & baggage transport.

Hotel Choice for Sister Bay: Please number (from 1 or 2) your preference for your 3 nights in Sister Bay: (For complete hotel descriptions see link on Door County ride page) Hotel choices will be assigned as received based upon availability.

Coachlite _____ Open Hearth

PAW JERSEYS & T-SHIRTS!

For pictures and complete description see link on Registration page

PAW JERSEY: Men's OR Women's: S M L XL 2X 3X @ 60.00 each \$

TEES: Lightweight, high-visibility safety Yellow, Orange, Blue, or Pink, Long sleeve: Yellow-Size: S M L X L 2X Quantity: _____@ \$15.00 each \$_ Quantity: _____@ \$15.00 each \$_____ Short sleeve: Yellow-Size S M L XL 2X Short sleeve: Blue-Size S M L XL 2X Quantity: _____@ \$15.00 each \$_____ Short sleeve: **PINK (Womens T**) S M L XL Quantity:_____ @ \$15.00each \$_____ Short sleeve: Orange S M L XL 2X Quantity: (*a*) \$15.00 each \$ Short sleeve White Florida Keys S M L XL 2X Quantity: @ \$15.00 each \$

TOTAL TOUR FEES \$

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

BALANCE DUE MAY 1st \$_____ (Check payable to Pedal Across Wisconsin Inc.)

Cancellation Policy per person:

Through May 1st 2017: \$80.00 fee per rider. After May 1st, the maximum refund will be equal to the total returned by hotels and restaurants to PAW. **IF YOU HAVE A ROOMMATE**, the private room fee of \$285.00 (plus \$53.00 for hotel room June 18) will be assessed, in addition to these cancellation fees, if no replacement can be found.

Please make check payable to Pedal Across Wisconsin, Inc. 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 safekeeping 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 ('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 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. 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 undersigned acknowledges having read and agreed to the terms of the foregoing *Release and Waiver of Liability* agreement. I also acknowledges they have read the safety letter.

EACH PARTICIPANT, RIDERS & NON-RIDERS MUST SIGN A SEPARATE WAIVER Please do not amend the waiver. I have acknowledged I have read the SAFETY LETTER.

Signature of Adult I	Participant Dat	e	Printed Name	Date
Or, the following sign	natures if rider is	s a minor (under age	18): Parent/guardian m	ust be on ride.
Signature of Minor	Age	Date	Printed Name of Minor	Date