# PEDAL ACROSS WISCONSIN, INC. **Door County Holiday <u>September</u> 11-15 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 not included in the tour

				_M/F (circle)	Age	
First name		Last name				
Street		City		State	Zip	
Home Phone	Cell Ph	none		Your email (PLEASE PRINGE Email confirmation will be sent		
Emergency Contact &	Phone					
Bicycle type: Road Bi	ike Trike	_ Tandem	Recumbent	Other		
Roommate: Do you	need PAW to h	nelp you find	a roommate? Y	ES NO		
If you have a roommat	e, please provid	de name here	»:			
<b>Group meals:</b> Do you have special di Please check all that ap						
First tour with Pedal	Across Wisco	onsin? If so,	how did you he	ear about us?		
Friend: Name: _			Bike Club			
Internet: Websi	te		Other			
	Y:					
FOR PAW USE ONL						
FOR PAW USE ONL  Deposit: \$	#	Balance	: \$			

### **TOUR FEES:**

June 15 <sup>th</sup> , 1 Grou	Include: Hotel Monday night Soup Dinner, 4 Continental Breakfastupport, Food stops, Social Hours	sts, Baggage tra	nsport, Maps/Q-sheets, Road				
# Adults	@ \$ 665.00 Per Rider (Based For PRIVATE ROOM add						
	gins on Monday Sep 11 <sup>th</sup> . PAW beer 10, the night before the tour b		roup rate for Hotel Rooms				
# Adults:	Hotel Room September 10 @ 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)						
with rider. Ride social hours, ice	ders: @ 95.00 per person: No er must add private room fee. Ne-cream socials, access to food portation & baggage transport.	Von-rider fee ir	ncludes all group meals,				
nights in Sister	or Sister Bay: Please number Bay: (For complete hotel described as received based)	riptions see lin	k on Door County ride page)				
Open Hearth	Coachlite	;					
For <b>picture</b>	PAW JERSEYS & 3 s and complete description s		gistration page				
PAW JERSEY:	Men's OR Women's: S M L XL	2X 3X (sizes are	e true) @ <b>60.00 each \$</b>				
TEES: Lightwe	ight, high-visibility safety Yellow	v, Orange, Blue,	or Pink,				
Short sleeve: Yel Short sleeve: Blu Short sleeve: PIN Short sleeve: Ora	low-Size: S M L X L 2X low-Size S M L XL 2X le-Size S M L XL 2X NK (Womens T) S M L XL lnge S M L XL 2X te Florida Keys S M L XL 2X	Quantity: Quantity:	<ul> <li>@ \$15.00 each \$</li></ul>				
TOTAL TOUR	R FEES \$						
DEPOSIT EN	CLOSED (Minimum 50% of to	tal tour fees) \$_					
BALANCE DU	JE AUGUST 1 <sup>st</sup> : \$	(Check pay	vable to Pedal Across Wisconsin Inc.)				

#### Cancellation Policy per person:

Through May 1<sup>st</sup> 2017: \$80.00 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 September 10) will be assessed, in addition to these cancellation fees, if no replacement can be found

Please make checks 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 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 and also acknowledges they have read the **safety letter**.

## EACH PARTICIPANT MUST SIGN A <u>SEPARATE WAIVER</u> (Please do not amend the waiver) I have acknowledged I have read the SAFETY LETTER.

Signature of Adult Participant Date		e	Printed Name	Date
Or, the following signature	es if rider is a minor	(under age 18): Pare	ent/guardian must be on ride.	
Signature of Minor	Age	Date	Printed Name of Minor	Date
Signatures of both pare	nts (and guardian)			Date