



**WINE COUNTRY BIKE TREK**  
"PEDAL FOR PEOPLE"

**Wine Country Bike Trek, Pedal for People - June 29th-July 1st, 2018**

**RIDER REGISTRATION FORM**

[www.winecountrybiketrek.com](http://www.winecountrybiketrek.com)

**Personal Information:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_-\_\_\_\_-\_\_\_\_ Sex:  M  F

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ E-mail: \_\_\_\_\_

Were you recruited by a trekker?  Yes  No Name of Trekker: \_\_\_\_\_

**Sign Me Up For:**

- |   |  |
|---|--|
| <input type="checkbox"/> 3-Day Ride (Fri-Sun, June 29 <sup>th</sup> -July 1 <sup>st</sup> ) | \$200 for adults, \$100 for children 8-14  |
| <input type="checkbox"/> 2-Day Ride (Sat-Sun, June 30 <sup>th</sup> -July 1 <sup>st</sup> ) | \$150 for adults, \$75 for children 8-14   |
| <input type="checkbox"/> 1-Day Ride (Sat, June 30 <sup>th</sup> )                           | \$75 for adults, \$37.50 for children 8-14 |

**Accommodations:**

I would like to reserve \_\_\_\_\_ cabin(s) at \$30/cabin for a total of \$\_\_\_\_\_

**Payment Information:**

Total Enclosed \$\_\_\_\_\_  Check  Cash  Master Card  Visa  AmEx  Discover

Name on Card: \_\_\_\_\_

Card # \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sec Code: \_\_\_\_\_

I plan on riding:  30-Miles  50-Miles  Don't Know Yet

Saturday Night Dinner:  Meat  Veggie

T-shirt Size:  S  M  L  XL  2XL  3XL

I have signed the legal waiver form:  Yes  No

**In Case of Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Day Phone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

**Please mail this form and nonrefundable fee to** (Checks made payable to PHP):  
Erica Valdes, P.O. Box 1478, Solvang, CA 93464 Ph: 805-686-0295 E: Erica@syvphp.org



## Release of Liability

### **Wine Country Bike Trek – Pedal for People People Helping People**

I wish to participate in the Wine Country Bike Trek, which I understand to be a noncompetitive bike ride. I understand that the Wine Country Bike Trek is a strenuous physical activity and that all rules of bicycling and highway safety must be followed at all times, and that I am required to wear a helmet while riding. I understand that in participating in the Wine Country Bike Trek I will be using public streets and facilities where many hazards may exist and I am aware of and appreciate the risks, which may result. I am also aware that accidents may occur during bicycle riding and that I may be seriously injured or killed as a result. I am voluntarily participating in this event with knowledge of the dangers involved and I agree to accept any and all risks of injury or death.

In consideration for being permitted by the People Helping People to participate in the event, I agree to assume all risks and to release and hold harmless the People Helping People, Midland School Corporation, the City of Solvang, the City of Buellton, the County of Santa Barbara, and all government or public entities (and their agents and employees), all sponsors and promoters of this event, all volunteers, clubs and organizations, as well as their officers, agents, representatives, successors and/or assigns, as well as any other parties connected with this event, singularly or collectively who, through negligence or carelessness, might be liable to me.

I intend by this Release to release, in advance, and to waive my rights and discharge the People Helping People and each and all of the other persons and entities mentioned above, from any and all claims for damages for death, personal injury or property damage which I may have, or which may hereafter accrue to me, as a result of my traveling to, participation in, or returning from the Wine Country Bike Trek, even though that liability may arise from negligence or carelessness on the part of the persons or entities being released.

I understand and agree that this Waiver and Release is binding on my heirs, assigns, and legal representatives. I am physically capable of completing the route, which I chose to ride. If I am aware of or under the treatment for any physical infirmity, ailment or illness, my medical care provider knows of and has approved my participation in the Wine Country Bike Trek. I certify that ride officials have my permission to authorize emergency treatment if necessary.

I have read the ride description and registration form for participating in the Wine Country Bike Trek and I agree to accept and abide by that information and all rules and regulations established by the Wine Country Bike Trek organizers and personnel. I agree to wear a bicycle helmet while riding in the Wine Country Bike Trek. I agree to abide by the vehicle laws of the State of California and to operate any bicycle in a safe and courteous manner. I have read this Release and fully understand its contents. I am aware that this release of liability is a contract between myself and the People Helping People and/or its affiliated organizations, that it is also expressly intended to benefit its officers, directors, employees, agents, and representatives and sign it of my own free will.

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**Signature of Participant**

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**Print Name**

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**Date**

I give full permission for use of my name and photograph for publicity purposes in connection with this event.

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**Signature of Participant**

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**Date**

### **FOR PARTICIPANTS UNDER 18 YEARS OF AGE**

I certify that my son(s)/daughter(s), or a child for which I will be responsible, has my permission to ride in the Wine Country Bike Trek, is in good physical condition and that ride officials have my permission to authorize emergency treatment if necessary.

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**Signature of parent or guardian if participant is under 18**

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**Date**