



WINE COUNTRY BIKE TREK
"PEDAL FOR PEOPLE"

Wine Country Bike Trek, Pedal for People - June 14th-16th, 2019

RIDER REGISTRATION FORM

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 14 th -16 th) | \$200 for adults, \$100 for children 8-14 |
| <input type="checkbox"/> 2-Day Ride (Sat-Sun, June 15 th -16 th) | \$150 for adults, \$75 for children 8-14 |
| <input type="checkbox"/> 1-Day Ride (Sat, June 15 th) | \$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.

Signature of Participant

Print Name

Date

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

Signature of Participant

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.

Signature of parent or guardian if participant is under 18

Date