



Pedal In The Pines Bike Ride



Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Birthdate: _____ Age _____ Sex: **M** **F**

Emergency Contact during the ride:

Name _____ Phone Number _____

Ride Option:

9 Mile Trail Ride 18 Mile Trail Ride 35 Mile Road Ride

T-Shirt Size (Guaranteed if you register by June 20)

Adult Small Adult Med Adult Large Adult XLarge

Adult 2X Adult 3X Child Medium Child Large

Registration Fee: Before June 20 - \$45 After June 20 - \$55 Children under 13 - \$20

Where did you hear about Pedal in the Pines? _____

READ AND SIGN THE WAIVER

WAIVER: Participating in the Pedal in the Pines Ride can be a serious threat to the health of participating individuals, especially to those who have not trained or are not in excellent health. Those participating should check with their physician prior to participating in the Pedal in the Pines ride.

Knowingly and at my own risk I am applying to enter the Pedal in the Pines event. I myself, executors, administrators, heirs, and assignees and anyone entitled to act on my behalf do hereby waive and release any and all actions, claims, injuries, demands, liabilities, loss, damage or expenses of whatever kind and nature including, but not limited to, attorney fees, which may at any time be incurred by reason of my participating in the Pedal in the Pines event. I myself and anyone entitled to act on my behalf also do hereby waive and release any and all actions, claims, injuries, demands, liabilities, loss, damage or expenses of whatever kind and nature against the St. Germain Silent Trails UA and all other groups, sponsors, and volunteers involved with the Pedal in the Pines event. I assume all risks associated with riding in this event including, but not limited to, falls, contact with other participants, the effects of the weather, traffic, and the conditions of the road, all such risks being known and appreciated by me. I further hereby certify that I have full knowledge of the risks involved in this event and I am physically fit and have sufficiently trained to participate. If, however, as a result of my participation in the Pedal in the Pines event, I require medical attention, I hereby give my consent to provide such medical care as is deemed necessary by the authorized personnel.

I grant to the Pedal in the Pines event and its sponsors the exclusive right to the free use of my name, my voice and/or photographs and video in any broadcast, advertising, promotion or other account of this event. Entry fees are non-refundable and the ride will take place rain or shine.

SIGNATURE (must be 21 years of age) _____ Date _____

Relationship to Participating Rider if under 21 years of age _____

Make Checks payable to:
St. Germain Silent Trails UA
PO Box 2
St. Germain, WI 54558