

deCycles American Rivers 2018

Bloomington, Indiana to Atlantic Coast & Canadian Border

June 23 - July 15, 2018

Registration Form page 1

Please fill out the registration form completely and read thoroughly and sign the Waiver & Release Statement. Copy this form for your records.

Name _____ Age _____ Date of Birth _____ Phone _____

Address _____ City _____ State/Prov _____ Zip _____

HS/College _____ Grade/Yr _____ Parent/Guardian _____

Parent/Guardian Address _____ City/State/Zip _____ Phone _____

Rider's email _____ Parent's email (both) _____

Road Bike Model/Year _____ Gears/Speeds _____ Tire Size _____ Need to purchase bike YES NO

Sizing information: Ht _____ Wt _____ Gender _____ Chest _____ Waist _____ Hips _____ Jersey Size _____ T-Shirt Size _____

Previous sports/athletic experience _____

Bicycle Trip Fee (select one)

- \$450 One full payment with registration.
- \$600 Two step payment plan. Minimum \$250 deposit with registration. \$350 balance due April 20, 2018.
- \$200 Add to above registration fee if you are not a full time student or if your age is 23 and over.
- \$0 No trip fee or ground transportation costs for adult support van drivers.

Transportation Options (select one)

- Bike trip begins in Bloomington, Indiana. The above trip fee includes return ground transportation back to Bloomington at the end of the trip on July 14-15.
- I will arrange my own transportation back home at the end of the trip.

Basic bike trip includes:

Overnight accommodations, most meals, food breaks, transport of bike & luggage, laundry, sag support, *deCycles* riding jersey, road tolls, repairs.

Basic bike trip excludes:

Road bike & parts, riding attire, health and accident insurance any medical expenses, ferry tolls, sightseeing & personal expenses.

40 APPLICANTS WILL BE ACCEPTED! OTHERS WILL BE PLACED ON WAITLIST.

➡ **Register early. The roster fills quickly!** ⬅

Make checks payable and mail to: deCycles, 4165 Judee Drive, Bloomington, IN 47401 next page...

Refund Policy

We realize that plans can change. So anytime prior to April 20, 2018, *deCycles* will refund any payments LESS A \$90 SERVICE FEE. After April 20, 2018 due to commitments to service vendors and training requirements, any amounts you have paid will not be refunded unless there is an approved replacement on the waiting list and LESS A \$90 service fee. After May 20, 2018, no payment amounts will be refunded for any reason whatsoever.

Requirements/General Information

- Applicant must be at least 13 years of age of any race, creed, religion, gender, and of good physical fitness.
- Beginner, intermediate, and experienced riders are welcome. Many riders are beginner and intermediate level.
- All riders must participate on designated practice rides starting in April. Non-local riders must email weekly training journals.
- The group practice rides will also include safety lessons, rules of the road, riding technique, minor repairs, etc.
- Minimum training consists of 500-miles averaging 13-14 mph prior to trip. This includes 10-group rides minimum.
- The *deCycles* director reserves the right to cancel your trip reservation if you fail to meet the required training.
- A multi-speed touring road bike in good condition is required. Mountain bikes/cross-trainers are NOT permitted.
- Bicycle and other equipment requirements can be found on the *deCycles* website: www.decyclesindiana.org
- An information packet and list of required equipment will be emailed to you upon receipt of your registration.
- Personal health & accident insurance is required. A helmet is also required on the trip and all practice rides.
- Rookie adult-rider registrations will be put on waitlist until Feb 20, 2018. Adult-riders agree to drive vans if & when necessary.

Medical Information

Please circle if applicant is currently under doctor's supervision for:

Epilepsy	Allergies	Diabetes	Musculoskeletal	Asthma	Mental/emotional
Heart condition	Digestive	Allergy to medicines	Dietary restrictions	Endocrine	Injuries/Infections

If yes to above, please specify _____
 Current medications/restrictions _____
 Family Medical Insurance Coverage: _____ Phone _____ Policy Number _____
 Emergency contact person _____ Phone # _____ Mobile _____

Medical Emergency Authorization

I (We) the undersigned parent(s) or legal guardian(s) of the above listed minor reasonably agree that he (she) is in a condition of health that allows his (her) participation in the scheduled and approved activities of the *deCycles* during the trip and pre-trip training rides. In the event that emergency medical supervision of said minor is required during the trip or pre-trip training rides, and I (We) are unable to be contacted, I (We) authorize the *deCycles* and it's adult volunteer leaders and agents to accept or reject any ambulance services, and consent to any emergency medical evaluation, imaging examination, anesthetic, medical, surgical, clinic, or hospital supervision on the advice of any physician or dentist licensed under the Medical Practice Act. I (We) assume full liability and agree to pay all expenses incurred in connection with any emergency medical supervision rendered to the aforementioned minor participant.

Signature of Parent/Guardian _____ Date _____

Waiver & Release Statement

In consideration of the acceptance of my registration and participation in the *deCycles American Rivers 2018* bicycle tour, operated or under the control of the *deCycles*, I as well as my executors, administrators, heirs, next to kin, successors and assigns, assume all risks attendant thereto by acknowledging that I am responsible for my equipment and personal safety and well-being, and thus hereby release, waive and forever discharge the *deCycles* and their officers, directors, members, volunteers, employees, and agents, and any organization affiliated with the *deCycles* in any capacity, and any involved assignees (including any medical and/or mechanical support personnel, and overnight facilities on this tour), from any and all claims or actions of any kind for personal injuries, personal property damage, misadventure, travel cancellations, and equipment damage, weather related damage or injury which I may cause or sustain during the tour, during pre-trip practice rides, and during my travel to or from this event. I understand that accidents, with fatalities, serious bodily injuries or sickness and/or property damage, can occur during adventure traveling. Knowing the risks involved, I nevertheless agree to assume those risks and to release all the persons or entities mentioned above for any injury, death, illness, or property damage or losses occurring on this entire tour, including any associated activity such as ground/air transportation, bus tours, swimming, etc. I acknowledge that I have sole responsibility for my personal possessions and cycling equipment during the tour and for any damage I cause to other's personal property. I further acknowledge that I am still responsible for my physical condition and equipment and will take an active role in supervising any repair and/or loading and care of my equipment/luggage to assure that it is done to my satisfaction. I understand a bicycle is a legal vehicle of the road in **Indiana, Ohio, Kentucky, West Virginia, Virginia, Washington DC, Maryland, Delaware, Pennsylvania, New Jersey & New York**. I will ride in accordance with the Vehicle Code of those jurisdictions. I also agree to abide by the rules, regulations, and agreements of this tour. I further agree and understand that if I choose to discontinue or if unable to continue participation anytime during this trip due to medical, disciplinary, or other reasons, I and my parent/guardian will be responsible for my immediate return home and costs thereof. I grant full permission to any and all of the foregoing to use any photographs, video tapes, motion pictures, recordings or any other record of me participating in this event for publicity and/or promotional purposes without obligation or liability to me.

I have read the entry information/requirements, refund policy, medical information, waiver & release statement and certify my compliance by my signature, and by my parent or guardian's signature if under 18 years of age.

Signature & Print _____ Date _____

Parent/Guardian & Print _____ Date _____

Return this form and payments to:
deCycles, 4165 Judee Drive, Bloomington, IN 47401
 For additional information, call 812-824-4567 or e-mail normhouze@comcast.net www.decyclesindiana.org