



## MINOR CHILD TOUR REGISTRATION

June 16-23, 2012

Signup online at [www.bikewisconsin.com](http://www.bikewisconsin.com). It's fast and easy!

Each participant must fully complete (1) one form. Form must have original and authentic signature. All participants must register, including Non Riders. NO CANADIAN PERSONAL CHECKS

### OFFICE USE ONLY

Check #:

Date:

Amount:

Last Name	First	Middle Initial
Address		
City	State	Zip
Home Phone	Ontour Cell Phone	
Email (primary contact before tour)		
Emergency Contact Name (person not on tour)		Emergency Contact Phone
Circle one: M F Birth date: / / Age _____ <b>MINIMUM AGE 8 YEARS OLD (Cyclists must be born before 6/16/04)</b>		

**The Medical Information & Emergency Consent Form must accompany this registration form. If the Minor Child is not biking with parent or guardian than a Chaperone Supervision form must also accompany this registration form.**

Tour Fees <i>Circle choice</i>	Ends November 30, 2011	Ends January 31, 2012	Ends April 30, 2012	Starts May 1, 2012
Full Week Minor Child* 8-17 years old	\$95	\$104	\$109	\$114
Partial Week Minor Child* (Biking per day fee)	\$20 X _____ # of days = total \$ _____			
Non Rider Minor Child* (Not biking week-long fee)	\$50			

Tour Options <i>Circle choices</i>	
<b>Motorcoach &amp; Bike Transport</b> \$80 after April 30 \$100 On Saturday June 16 from staging area to tour start  <b>Deluxe Tents</b> Tired of setting up your tent? Includes spacious tent, easy chair, fresh towel & washcloth with daily setup/takedown. Air mattress/pad not included, so bring your own. Double & Jumbo indicate your tent mate(s): _____ <b>\$315 Single \$385 Double \$485 Jumbo</b>	<b>Fresh Towels &amp; Easy Chair</b> <b>Fresh Towel \$40 Easy Chair \$56 Towel &amp; Chair \$96</b> Clean towel & wash-cloth daily Cozy camp chair for relaxing Fresh towel & cozy-chair daily  <b>Motel Luggage Valet</b> Let us carry your bags. Price is per person. Transport of your luggage to and from <u>Official Motels only</u> . All accommodations are at your own expense. Check <b>website</b> for motel list. <b>\$175 week or \$25/day X _____ # of days = _____ total</b>
<b>Delicious Meal Plan</b> Vegetarian Y N 7 breakfasts & 6 dinners	12 years old and under \$116 Full \$63 dinner only \$53 breakfast only 13-17 years old \$141 Full \$78 dinner only \$63 breakfast only

GRABAAWR® Tour Jersey \$70 \_\_\_S \_\_\_M \_\_\_L \_\_\_XL \_\_\_ XXL *New design*

Free T-shirt size (short sleeve) \_\_\_S \_\_\_M \_\_\_L \_\_\_XL \_\_\_XXL Make checks payable to GRABAAWR® Total \_\_\_\_\_

**All Included\* Tour, Partial Week and Non Rider fees** your choice of indoor gym or outdoor camping, indoor showers & shower truck at overnight sites, "art" t-shirt, cue sheets & paper & digital maps, daily SAG support, daily luggage support, two luggage tags, bike frame number, pre-Ride party, town shuttle bus, week-long parking, preride camping, cool nighttime entertainment, onroute and onsite mechanical bike support, rest stops (fundraiser for local groups), water stops, marked cycling route, celebration lunch and tons of fun!

Questions? Email: [info@bikewisconsin.com](mailto:info@bikewisconsin.com) or call 608.843.8412 [www.bikewisconsin.com](http://www.bikewisconsin.com)

Is this your first week-long event? Y N How many years have you participated on GRABAAWR (incl. 2012)? \_\_\_\_\_

Would you like to receive the **Bike Wisconsin® e-newsletter?** (Provides you with the latest tour updates by email.) Y N

Are you a member of a Bike Club? Name \_\_\_\_\_

Are you a part of a group discount? Y N Name of Group Leader \_\_\_\_\_ For more info contact us.

### Bicyclist Safety Pledge

1. I will wear a bike safety helmet at all times while riding my bike.
2. I won't ride more than 2 abreast, and I will single up when necessary to prevent impeding traffic.
3. I will always ride with the traffic and on the right side of the road.
4. When turning I will alert other riders and motorized traffic by using proper hand signals
5. I will alert riders when I am passing either with a bell or by calling out 'passing on the left'
6. I will call 'car back' or 'car up' to alert riders in front of me of approaching traffic.
7. I will obey all traffic signs and signals.
8. If I need to stop for any reason, I will move completely off the road before stopping.

### AUTHORIZATION AND WAIVER OF LIABILITY Participation of Minor Child in the GRABAAWR® 2012 BICYCLE TOUR

The undersigned, parent and guardian of \_\_\_\_\_, a minor child, hereby directs and authorizes the participation of such minor child in the GRABAAWR® 2012 bicycle touring event to be held on June 16-23, 2012.

As a condition of my minor child's participation in the 2012 bicycle touring event and such minor child being permitted to participate in such event, I, as the parent and guardian of minor child, understand and accept the fact that participation in this bicycle touring event includes and encompasses various forms of hazard and can and may be a hazardous sporting event with many dangers and risks. By way of example and not by way of limitation, participation in the bicycling event involves use of common highways and roadways and the potential of collision with motor vehicles, collision with other bicycles, collision with fixed objects, collision with animate and inanimate objects as well as physical stress and strain which may result in temporary or permanent serious physical injury or death. I agree that as a condition of my minor child being allowed to participate in the 2012 bicycle touring event that I, on behalf of my minor child, freely accept and voluntarily assume all risks of personal injury or property damage which may result in any way from negligence, conditions on or about the course of the bicycle tour, and/or any facilities used or otherwise visited during such tour, the roadways, other participants, third parties, and any other activities incident to participation in such bicycling tour accepting myself the full responsibility on behalf of my minor child for any and all such damage or injury of any kind which may result.

I release and waive any and all claims against TBM and its personnel, and agree that I will hold harmless and indemnify Two Bicycles and a Map, Ltd., major sponsors, cooperating organizations, and any other parties connected to this event in any way ("Releasees"), singularly or collectively, from and against any blame, liability and claims of negligence, misadventure, harm, loss, inconvenience or damage hereby suffered or sustained as a result of my minor child

\_\_\_\_\_ 's participation in the GRABAAWR® 2012, or any other activity associated therewith. Such release, waiver, hold harmless and indemnity shall apply to claims of my minor child and/or my own claims or other claims of third parties relating to my minor child's participation in the touring event.

This agreement is made in the State of Wisconsin, and the laws of Wisconsin govern its terms. Any action to interpret or enforce it shall be brought in Dane County in the State of Wisconsin.

I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and I sign it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability as described above. I agree that if any portion of this agreement is held to be invalid the balance notwithstanding shall continue in full force and effect.

In conjunction herewith, I have signed and provide to Two Bicycles and a Map, Ltd. authorization and release of medical information and consent to treatment for medical purposes of my minor child in the event such treatment is deemed necessary by representatives of Two Bicycles and a Map, Ltd. based upon my minor child's participation in the GRABAAWR® 2012 bicycle touring event. I give full permission for use of my minor child's name and photograph, motion pictures, videotapes, recording or other record of this event for any legal purpose including commercial use.

The undersigned acknowledges having read and agreed to the terms of the foregoing AUTHORIZATION AND WAIVER OF LIABILITY agreement. In this regard, the undersigned acknowledges and agrees that if the terms of this agreement are not acceptable, the undersigned has the choice and option to forego participation in this voluntary event.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

**Cancellation policy:** You may cancel your registration for a full refund, minus a **\$80 per person** processing fee on or before the **Tour Refund Deadline of May 1, 2012**. All refund requests must be made in writing by sending an email, a fax or a letter. No refunds will be given after the Tour Refund Deadline for any reason. After the Tour Refund Deadline, you may **only sell or transfer** your registration package to someone else. **Full details on the website.**

**We highly recommend you purchase Trip Cancellation Insurance. Consult your local insurance agent.**

Have you....Signed and dated the Release and Waiver of Liability; included the Medical Information & Emergency Consent Form and Chapterone Supervision form & enclosed your check payable to the **GRABAAWR**; registration form must be postmarked by the required date.

**Mail to: GRABAAWR, P.O. Box 3142, Madison, WI 53704-0142** *Please do not fax form.*

*Thanks for registering! A confirmation will be sent. A Pre-Ride Newsletter will be sent out in Spring. Get set to have fun!*  
Be sure to check out our other tours **SAGBRAW®** and **Bike Northwoods Tour** at [www.bikewisconsin.com](http://www.bikewisconsin.com)

**GRABAAWR® 2012 BICYCLE TOUR**  
**Medical Information & Emergency Consent Form**

**Participant's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**Parent/Legal Guardian(s) Name:** \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

**Medical Information:** Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Company/Provider: \_\_\_\_\_

Health Insurance Subscriber: \_\_\_\_\_ Health Insurance Policy#: \_\_\_\_\_ Group#: \_\_\_\_\_

List Any Medical Problems of Participant: \_\_\_\_\_

List Any Known Allergies of Participant: \_\_\_\_\_

With full knowledge of the risks of injury involved in the participation in the GRABAAWR® 2012 Bicycle Tour, I hereby authorize the staff of Two Bicycles and A Map, Inc., GRABAAWR® 2012 and any health care providers rendering assistance at the request of such individuals, to administer emergency medical treatment to my child, the participant above-named, for any injury or other medical emergency or medical condition while participating in the GRABAAWR® 2012 Bicycle Tour and associated events. This consent extends to the right of the staff and officials of the GRABAAWR® 2012 Bicycle Tour event to arrange for the immediate medical treatment by a licensed physician and/or other trained medical personnel and for them to transport and to provide emergency medical care as they deem appropriate to preserve the life or well being of my minor child. My child and I hereby release, hold harmless and indemnify the above-listed persons for any injury or damage related to the administration of the emergency medical care as authorized herein.

This consent for medical treatment is in effect during my child's participation in the GRABAAWR® 2012 Bicycle Tour event.

I have read and fully understand the above statements. I acknowledge that before signing I had an opportunity to discuss any questions I might have about this release and consent with the staff of GRABAAWR® 2012 Bicycle Tour and any other individuals of my choice.

\_\_\_\_\_  
Parent/Legal Guardian Signature

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

## Chaperone Supervision on GRABAAWR® 2012 BICYCLE TOUR

The undersigned acknowledges that it is the policy for the GRABAAWR® 2012 bicycle touring event and Two Bicycles and Map, Ltd., to require any minor on the GRABAAWR® 2012 not accompanied by their own parent or guardian to be accompanied by an adult chaperone. In that regard, the undersigned parent or guardian of \_\_\_\_\_, a minor child, hereby authorizes, directs and consents to \_\_\_\_\_, an adult, age 18 or older, as selected and directed by the undersigned parent or guardian to serve as the supervising chaperone for the above-named minor child. The parent or guardian directs and the chaperone agrees to accept the direction to supervise and monitor the activity, health, welfare and well being of such minor child while participating in the GRABAAWR® 2012 bicycle touring event.

\_\_\_\_\_  
Signature of Parent/ Legal Guardian                      Date

\_\_\_\_\_  
Print name of Parent/ Legal Guardian

\_\_\_\_\_  
Signature of Supervising Chaperone                      Date

\_\_\_\_\_  
Print name of Supervising Chaperone

\_\_\_\_\_  
Supervising Chaperone Cell phone number

\_\_\_\_\_  
Supervising Chaperone Relationship to minor child