

peninsulacentury.com

Century Ride | Metric Century | 50 mile | 25 mile



September 19, 2015

Starts and ends in downtown Sister Bay on the water.

PENINSULA CENTURY FALL CHALLENGE OFFICIAL ENTRY FORM

Please print information and fill out separate forms for each participant (photocopies accepted).
Read and complete the official waiver on back.

First Name:	me:Last Name:			The Peninsula Century Fall	
Address:			Apt. #	Challenge offers a Strava/King of the Hills competition. (Please note the Peninsula Century Spring Classic does not offer this competition.) I am interested in participating in the	
City:		State:	Zip:		
Email:		Phone:			
Gender: Male / Female	Birth date:	Age on ride day:		competition and my Strava username is:	
Emergency Contact Name:					
Emergency Contact Phone:					
Registration includes ride and p	oost-ride meal prepared by local	chefs. Please check ride choice:			
April 1 – May 31	June 1 – August 31	September 1 – Septemb	er 16 September 18 & 19	Onsite	
25-Mile (\$40)	25-Mile (\$45)	25-Mile (\$50)	25-Mile (\$55)		
50-Mile (\$45)	50-Mile (\$50)	50-Mile (\$55)	50-Mile (\$60)		
62-Mile (\$45)	62-Mile (\$50)	62-Mile (\$55)	62-Mile (\$60)		
100-Mile (\$45)	100-Mile (\$50)	100-Mile (\$55)	100-Mile (\$60)		
I wish to purchas	e additional meal ticke	et(s) for non-rider(s). (Tick	ets must be purchased by Septem	ber 16.)	
	#Tickets	_x \$15 = \$			
	Total Due \$				
Cancellation Policy: Sorry there your change of plans when you	•	in the event the ride is cancelled du	e to weather. Participants ma	y transfer to a different route; just let us know	
Make checks payable and mail	to: Peninsula Pacers, PO Box 95 I	Ephraim, WI 54211.			
Confirmation sent via email. Ch	neck website for updated informa	ition.			



OFFICIAL WAIVER

Athlete's Participation Agreement. The Event: As used herein the term "Event" means not just the ride itself that I have selected on the Entry Form, but also those activities sponsored, controlled or organized by the Peninsula Pacers, LLC (Peninsula Century or PC), which I attend or participate during the race weekend. Fitness: I represent and warrant that I have sufficient experience with distance bike riding, and that I have a sufficient level of fitness and health to participate in the Event. Insurance: I represent and warrant that I currently have, and shall maintain throughout the time that I train for and compete in the Event, valid and sufficient insurance (be it medical, accident, disal ility or life insurance) to protect my and my family's interests, or if I do not, that I hereby waive the opportunity to obtain such. I acknowledge the PC is not an insurance company, and that no one has represented to me that the PC has obtained insurance that would provide coverage to me. Venue: Any controversy or claim relating to the enforceability of, or arising out of, the Agreement or the Waiver & Release of Liability Agreement (collectively, the Agreements") or in any way relating to my attendance at or participation in the Event, shall be solely and exclusively resolved in the Circuit Court for Door County, Wisconsin (or, if removable, in the U.S. District Court for the Eastern District of Wisconsin). I waive any objections I might have to that venue or those courts exercising personal jurisdiction over me. Applicable Law: The internal laws of Wisconsin control the interpretation and enforcement of the Agreements and the parties deem this agreement to have been entered into in Wisconsin. Choices: I enter into these Agreements by my own free will, and acknowledge that I have choices relating to participation or not participation in this Event. I acknowledge that if I do not want to accept the terms offered in these Agreements, I can choose to forgo participation in this Event. Media Consent: I hereby grant PC the right and permission (a) to use and authorize others to use photographic portraits and video of me, and to modify such portraits and video, for illustration, promotion or advertising purposes; and (b) to contact me for marketing purposes. Medical Emergency: In case of an emergency, I authorize the PC to provide or authorize at my expense medical treatment and/or transport, and to contact the emergency contact person listed on the Entry Form, and disclose to him/her whatever information (including confidential medical information) the PC in its discretion chooses to disclose. Truth and Assigns: I represent and warrant that I have read these agreements, and understand them, and that the information I provide in the Entry Form is true. I

make these Agreements on behalf of myself, and on behalf of my heirs, of these representations are intended to be as broad and inclusive as permitted by Wisconsin law, and if any portion notwithstanding, continue in full legal force and effect. Integration Clause: As to any clause, these Agreements collectively: (a) supersede any previous oral or written promises representations or statements of any agent or employee of PC. These Agreements contain may only be modified or terminated in a writing signed by myself and PC. READ ALL Contract	atives, successors and assigns. Severability: These Agreements in Agreements are held invalid, I agree that the balance shall, aim arising out of or related to my attendance or participation in the or agreements, and (b) are not the result of or modified by any oral the only agreements between the parties regarding the Event, and
Athlete's Signature	Date
Parent or Guardian's Consent and Agreement. I, the person signing below, represent a participation agreement on behalf of the minor athlete named above (the "Athlete") (2) I he myself and on behalf of the Athlete; (3) I agree to hold harmless, defend and indemnify the heir, representative or assign of mine – arising from loss or damages (be it property or perparticipation in the Event.	ereby enter into the above participation agreement on behalf of e Release Parties from any and all claims of mine – and any spouse,
Parent/Guardian Signature	Date
Parent/Guardian Name	Relationship
Athlete's Waiver & Release of Liability Agreement. I the athlete named below, want to Participation Agreement), and I am willing to enter into the following Agreement. In consparticipate in the Event, by signing below I agree as follows: My Knowledge of Risks: I personal injury. I know there are natural, man-made, mechanical and environmental consparticipants in the Event sustaining injury (including permanent disability or paralysis), or either familiarized myself with the Event location generally and race specifically, or herebhereby accept and assume all risks associated with attending and/or participating in the Event personal safety. I agree to accept all responsibility for the risk, conditions and hazards who for foresee the specific risk, condition or hazard that results in injury. Waiver, My Responsibility for Injury Costs: I hereby waive all claims I may in the fudefined in the Athlete's Participation Agreement), relation in any way to personal injuraticipation in the Event. I specifically release and discharge, in advance, the Relea Release Party's negligence or carelessness in association with the Event (including but Agreement waive, release or discharge any claims for harm caused by a Released Part agree not to sue any of the release Parties for such released claims. I agree to be peout of or related to such released claims. My Related Acknowledgements: I acknowledge that I have the right or opportunity to not right. I further acknowledge and represent that (a) I have read this Agreement and the Athlete.	know that distance bike riding is an action sport, carrying risk of ditions and risks that independently or in combination can result in in rare situations, sustaining injuries that result in death. I have by voluntarily forgo that opportunity. My Acceptance of Risks: I went, and I acknowledge that I alone am responsible for my inch may exist during the Event, whether or not I at this time know atture have against any of the Release Parties (as that term is juries or death I sustain due to my attendance at or se Parties from any and all liability that may arise out of any att not limited to negligent rescue attempts) but I do not by this rty intentionally or recklessly. As to any claim released hereby, resonally responsible for any costs, expenses or damages arising egotiate the terms of this Agreement, and I hereby waive any such
(c) I understand that by signing below I am giving up important legal rights that I might of choosing to participate in the Event without compulsion, and by my own free will. THIS IS A WAIVER & RELEASE OF LIABILITY AGREEMENT: READ ALL OI	therwise have; and (d) I am entering into the Agreement and
Athlete's Signature_ (If the athlete is less than 18 years of age as of the date of this Agreement, then a parent or	Date
Parent or Guardian's Representation, Consent and Waiver Agreement. I, the person enter into this Waiver & Release of Liability Agreement on behalf of the minor athlete nar consent to and agree to all of the above terms. Furthermore, to the extent I have in the futt participation in the Event. I hereby waive release and discharge those claims hereby, included discharge any claims for harm caused by a Released Party intentionally or recklessly.	med above (the "Athlete"), and (2) I hereby on the Athlete's behalf ure any claims relating to the Athlete's attendance at or
Parent/Guardian Signature	Date
Parent/Guardian Name	Relationship