



THE VINEYARD TOUR PAPER REGISTRATION

First Name: _____ Last Name: _____

Birth date: _____ Gender: Male ___ Female ___ Email: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Country: _____ Home Phone: _____

Mobile Phone: _____

TEAM REGISTRATION (fill out one application per person)

Team Name: _____ Team Captain: _____

Team Ride Option: 30 mile ___ 50 mile ___

Tandem Bicycle: yes: ___ no: ___ (\$25 plus registration fee)

Stoker's Name: _____

Number of children riders: ___ (must be accompanied by an adult)

How did you find out about the Vineyard Tour? _____

Do you plan to dine out while in Roseburg? _____ Do you plan to rent a motel room? _____

Do you plan to camp while in Roseburg? _____ Other: _____

Emergency Contact Name: _____ Emergency Phone: _____

Purchase a Vineyard Tour "T" Shirt \$20.00 small ___ medium ___ large ___ X-large ___ XX-large ___

Purchase a Vineyard Tour Jersey \$80.00 small ___ medium ___ large ___ X-large ___ XX-large ___

Ride option: 15 mile ___ \$20 | 30 mile ___ \$45 | 50 mile ___ \$50 | 75 mile ___ \$60 | 100 mile ___ \$65

Team entry: ___ \$40 per person (each team member must fill out a form and pay fee)

A team consists of 3 or more riders. It can be friends, family employees, or co-workers.

Individual Registration Amount: \$ _____ (ride option from above)

Team Registration Amount: \$ _____ (\$40 per team member)

Tandem bicycle: \$ _____ (\$25 for stoker)

Purchase "T" Shirt: \$ _____ (\$20)

Purchase Jersey: \$ _____ (\$80)

TOTAL: \$ _____ (check or cash)

Signature: _____ Date: _____

Sponsored by The Umpqua Velo Club

PO Box 2538, Roseburg, OR 97470

541-643-3550

LOCATION START

OSU Discovery Garden 238 River Forks Park Road, Roseburg OR 97471

Registration starts at 7:00AM (Pacific Daylight Time)

SIGN THE WAVIER RELEASE ATTACHED

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, INDEMNITY, AND PARENTAL CONSENT AGREEMENT ("Agreement") for LEAGUE OF AMERICAN WHEELMAN D/B/A LEAGUE OF AMERICAN BICYCLISTS ("LAB")

(This form is to only be used for Individual Adults or for Adults on behalf of Minors)

IN CONSIDERATION of being permitted to participate in any way in UMPQUA VELO CLUB SPONSORED BICYCLING ACTIVITIES I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of Bicycling Activities and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further acknowledge that the Activity will be conducted over public roads and facilities open to the public during the Activity and upon which the hazards of traveling are to be expected. I further agree and warrant that if, at any time, I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.
2. FULLY UNDERSTAND that (a) BICYCLING ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH ("Risks"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the conditions in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I may incur as a result of my participation in the Activity.
3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE Umpqua Velo Club, the LAB, its respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS. And, I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim.
4. I GRANT TO UMPQUA VELO CLUB, THE RIGHT TO TAKE PHOTOGRAPHS of me and my family in connection with Umpqua Velo Club sponsored bicycling activities. I authorize Umpqua Velo Club, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Umpqua Velo Club may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I AM 18 YEARS OF AGE OR OLDER, HAVE READ AND UNDERSTAND THE TERMS OF THIS AGREEMENT, UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING THIS AGREEMENT, HAVE SIGNED IT VOLUNTARILY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW. I AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

PARTICIPANT'S NAME (PRINTED): _____

PARTICIPANT'S SIGNATURE (only if age 18 or over) _____

I HAVE READ THIS RELEASE

ADDRESS: _____
(Street) (City) (State) (Zip)

PHONE: (_____) _____

DATE: _____

MINOR RELEASE

(complete for Participants Under the Age of 18)

AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF BICYCLING ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

MINOR'S NAME (PRINTED): _____

BIRTH DATE OF MINOR: _____ - _____ - _____

SIGNATURE OF MINOR PARTICIPANT: _____

I HAVE READ THIS RELEASE

PARENT/GUARDIAN NAME (PRINTED): _____

PARENT/GUARDIAN SIGNATURE (only if participant is under the age of 18): _____

I HAVE READ THIS RELEASE

ADDRESS: _____
(Street) (City) (State) (Zip)

PHONE: (_____) _____

DATE: _____