

Registration Forms

How to Participate In Pedal Safari

1. Read the Pedal Safari policies and sign
2. Fill out registration form
3. Fill out medical release form
4. Read and sign waiver
5. Enclose \$150.00 registration fee. This will be credited to your over all participation cost
6. Forward all above to: Pedal Safari
3280 Valencia Avenue
Aptos, CA 95003
USA.

After we review and approve your filled-out registration forms, we will send you a participant packet to get you better acquainted with Pedal Safari. We will follow up with periodical updates and work with you on the preparations for the trip.

We look forward to riding with you through the cradle of evolution.

Pedal Safari Coordination Team.

PEDAL SAFARI REGISTRATION

A) PEDAL SAFARI REGISTRATION - GENERAL INFORMATION

Name: _____

Current Address: _____

City: _____ State/Country: _____ Zip: _____

Phone: _____ Email: _____

Cycling Level: (Please check preferred option) Beginner Intermediate Advanced

B) MEDICAL INFORMATION:

Who should Pedal Safari contact in case of an emergency?

Name: _____ Relation: _____

City: _____ State/Country: _____ Zip: _____

Daytime phone: (_____) _____ Evening phone: (_____) _____

Mobile phone: (_____) _____ Email: _____

Do you have any health-related problems? Please check Yes No

If yes, please explain:

Do you have any allergies? Please check: Yes: No:

If yes please list: _____

D) Do you have medical Insurance: Yes No: Company: _____

Plan: _____ Account #: _____ Expiry date: _____

Are you certified in CPR? Yes No

Do you have any dietary preferences or restrictions? Please explain.

Medical Release Form

To be filled out by physician who conducts medical examination.

Is the participant subject to (please check if yes)? Allergies Reactions to any medications

Asthma Fainting Spells Convulsions Sports restrictions Diabetes Heart Trouble

Please explain:

Does participant have any condition now requiring medication? _____

Is participant currently taking any medication? _____

If so, please list medication(s): _____

Are there any restrictions of physical activity for medical reasons?
Please explain. _____

As of the date of this medical examination _____ (Date), there is no reason to discourage _____'s (name of participant) participation in any activity except as noted below:

He/she should be restricted from: _____

He/she is susceptible (or allergic to) _____

Other instructions: _____

I understand that Pedal Safari is a physical challenging event and requires physical stamina, endurance as well as overall good health; I hereby certify that this person is fit to participate in the Pedal Safari event. (Physician's Stamp required).

Name of Physician: _____

Address: _____

Phone: _____ Signature: _____ Date: _____

Pedal Safari Policies

- Each rider must wear a securely fastened helmet anytime that s/he is riding a bicycle during Pedal Safari
- Each one must have in her/his possession a copy of her/his medical insurance at all times during the Pedal Safari
- Pedal Safari will relinquish responsibility for any participant when s/he deviates from the established route plans
- Attendance of an orientation before engaging in Pedal Safari is required. Exceptions may be granted under certain circumstances at the discretion of the management team
- Riding a bicycle while under the influence of drugs and/or alcohol will not be permitted
- At no time will any participant in the Pedal Safari event intentionally threaten the safety or well being of another individual. We reserve the right to terminate participation if such an incident occurs
- Pedal Safari may make changes to any part of the Pedal Safari program on short notice

I have read the above policy guidelines and agree to comply as long as I am a participant in the Pedal Safari event. I further understand that unwillingness to comply with the above policies may result in termination of my participation in Pedal Safari

Name: _____ Signature: _____ Date: _____

Parent/Guardian Signature (if under 18): _____ Date: _____

Phone number: _____

Pedal Safari Waiver

In consideration of the acceptance of my registration to participate in the Pedal Safari event, I hereby waive, release and discharge any and all claims for damages, death, personal injury or property damage which I may incur, or which may hereafter accrue to me as a result of my participation in the said event. This waiver is intended to release in advance Pedal Safari, the promoters, sponsors, hosts, promoting organizations, retail outlets, and any municipalities or other public or private entities (and their respective agents and employees) from and against all liability arising out of or connected in any way with my participation in said event, though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above.

Moreover, in the event that any legal claims arise out of or in connection with the said event, jurisdiction for such legal action rests solely with the state of California, where the Pedal Safari office is located.

I further understand that accidents can occur during cycling events and that participants may sustain serious or mortal injuries, and/or property damage, as a consequence. I also understand that Pedal Safari is a demanding physical undertaking, going through sometimes difficult terrain, traffic and weather conditions. My participation is voluntary and is done at my own risk.

I attest that I am fit for participation in this event. I understand that medical or other services rendered to me by any of the above parties, is no admission of any liability.

I understand that Pedal Safari is not legally responsible for injuries that may result from repairs made to my bicycle by Pedal Safari staff. I agree to abide by the rules of the event as established by the promoting organization. In the case that any part of this waiver is found inapplicable under the law of the state of California, the rest of the waiver will apply.

I agree that this waiver, release, and assumption of risk is binding on my heirs, executors, administrators, and assigns.

I grant full permission to Pedal Safari, and other such entities authorized by Pedal Safari to use any photographs, videotapes, motion pictures, or any other record of this event for any legitimate purpose.

I have carefully read and understood everything written above.

Name of Participant (please print): _____

Signature of Participant _____

Signature of Parent/Guardian (If participant is under 18 years of age):

Sign: _____ Date: _____ Phone: _____