OLD WORLD WISCONSIN: June 5-10 2027

Please Complete Registration, Read and Sign Waiver and Mail To:

PEDAL ACROSS WISCONSIN INC.
10387 Eastwood Dr
Huntley IL 60142

Or email PDF to kennethjgoldman@yahoo.com

All Riders + Non Riders Sign waiver Multiple riders may share registration form.

Please DO NOT contact hotels. Your room is already reserved and held for late arrival when you sign up for any PAW tour. Only contact hotels to reserve nights not included in the tour.

_____M Age___ F Age___
First name Last name

_____
Street City State Zip

_____
Home Phone Cell Phone **Your email** **PLEASE PRINT** Email confirmation will be sent

_____
Emergency Contact & Phone

Your Bicycle type: Road/Hybrid___ Trike___ Tandem___ Recumbent___
E-Bike ___ E-Bike Over 35 lbs. ___

Note: Bicycle rental not included in tour fees. For rental info contact: *Machinery Row 608-442-5974 Machineryrowbicycles.com (located 3 miles from Spark Hotel)

Roommate: Do you need PAW to help you find a roommate? YES____ NO____

If you have roommate, provide name: M F Age
Name Your roommate's Email

Group meals:
Do you (or roommate) have special dietary needs or intolerances that requires a special meal if possible?
Participant Name: 1. Gluten intolerance 2. Vegan 3.Vegetarian
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First tour with Pedal Across Wisconsin? If so, how did you hear about us?

____ Friend: Name: _____ Bike Club_____

_____ Internet: Website _____ Other_____

FOR PAW USE ONLY:

Deposit: $_____ # _____ Zelle $_____ Balance: $ _____

Roommate: _____ Date added: _____

TOUR FEES:

Tour Fees Include: Hotel Sat. night June 5 thru Fri. morning June 11. 1 Group Dinners, 5 Breakfasts, Baggage Transport, Food Stops, SAG Support, Maps/Cue-Sheets & GPS Links, Social Hours & Parking for the week at Spark Hotel.

#_____**Adults @ $1185 Per Rider** (Based on 2 in a Room; Each Person Pays $1185)
For PRIVATEROOM add $595 (No Roommate; 1 Person Per Room)

NOTE: Tour begins Saturday June 5 in Madison @ Spark Hotel. PAW has secured a group rate for hotel room **Friday June 4 at Spark by Hilton in Madison**

#_____**Adults: Hotel Room FRIDAY JUNE 4** @ Spark by Hilton: Includes parking & Afternoon warm-up bicycle ride.

$99 per person. Assumes 2 persons per room. (Price includes tax)
$198 Private Room (No Roommate) (Price includes tax)

#_____ **Non Riders: @ $875 per person** Non-riders may attend when sharing room with rider. Non-rider fee includes: Hotel Sat. night June 6 thru Fri. morning June 12, Two Group Meals, Social Hours, Ice-Cream Socials, and access to Food Stop Snacks. Non-riders are responsible for their own transportation and baggage transport.

PAW JERSEYS & T-SHIRTS!

For **pictures and complete description** CLICK HERE Or see link on Registration page

PAW JERSEY: Mens:: Womens: M L XL 2X 3X @ $60_____
Choose Jersey style,,. ORANGE OR BLUE JERSEY
Additional Jersey: **@ $60**

TEES: Lightweight, high-visibility safety Yellow & Orange, Blue, or Pink, (All T-shirts are unisex except Pink T, which is ladies sized.

Long Sleeve Yellow: S M L XL 2X **Quantity: _____@ $15.00 each $_____**
Short Sleeve Yellow: S M L XL 2X **Quantity: _____@ $15.00 each $_____**
Short Sleeve Blue: S M L XL 2X **Quantity: _____@ $15.00 each $_____**
Short Sleeve **PINK Woman's** S M L XL **Quantity:_____ @ $15.00 each $_____**
Short Sleeve Orange: S M L XL 2X **Quantity:_____@ $15.00 each $_____**
Additional T -Shirt ***Quantity @ $15.00 each $***

TOTAL TOUR FEES Including Jersey/T-Shirts & Hotel Option 6/4 $ **$**

DEPOSIT ENCLOSED (Minimum 50% of total tour fees) **$**

BALANCE DUE APRIL 5th .....$

CANCELLATION POLICY Per Person:
Through March 1 $90 fee per rider. (All tour fees returned except $90) After March 1 maximum refund will equal total dollar amount returned by hotels and restaurants to PAW. **NOTE: IF YOU HAVE A ROOMMATE**, the private room fee of $595 (plus $99 for June 4 Hotel) will be assessed, in addition to these cancellation fees if no replacement roommate is found.

CHECKS PAYABLE: Pedal Across Wisconsin Inc: Mailing Address Top of Form
ZELLE Payment:
kennethjgoldman@yahoo.com Please write "OLD WORLD" & include your name in memo

Pedal Across Wisconsin, Inc. Release and Waiver of Responsibility:

In signing this release, I acknowledge that I understand the nature of the Pedal Across Wisconsin, Inc. tour ('activity') and that it is a potentially hazardous event, and attend it of my own free will and choice. In choosing to attend Pedal Across Wisconsin, Inc.'s activity and any related events or activities, I fully assume all risks, whether before, during or after the Pedal Across Wisconsin, Inc. activity or related activities. These include, without limitation, collision with pedestrians, vehicles, other riders, sponsors, promoters, or drivers, and dangers arising from falls, camping, theft, road surface, equipment failure, inadequate safety equipment, weather conditions, as well as the possibility of physical and/or mental trauma, mental injury, emotional stress, serious bodily injury resulting in disability, death and paralysis. I realize Pedal Across Wisconsin, Inc. activities require physical conditioning, and I represent myself that I am in sound medical condition, capable of participating without risk to others and myself. I have no medical impediment that would endanger others or myself. I waive any and all specific notices of risks. I agree that maps, directions, leaders and road markings are provided for my convenience only, and not to guarantee a safe route or trip. I understand and agree that a situation may arise during the Pedal Across Wisconsin, Inc. activity, which may be beyond the control of the sponsors, promoters, or organizers, and agree to participate so as not to endanger others and myself. I understand that any route or activity chosen as part of our outdoor adventure may not be the safest, but has been chosen for the interest or challenge provided. I understand the route requires bicycling on public roadways, and in bad weather, and that cyclists have been hospitalized and/or killed because of accidents that are either their responsibility or the responsibility of someone else. I further agree that I will bear and assume all expenses incurred in any accidents, illness, or loss of any kind. 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. I hereby consent to and permit emergency treatment in the event of injury, illness or death.

I give full permission for use of my name and photograph, motion pictures, video tape, recording, written comments or opinions, or other records of this event for any legitimate purpose. Pedal Across Wisconsin, Inc. reserves the right to decline accepting or retaining any tour participant whose health or actions impede the operation of the tour, or welfare of other tour participants. An approved (ANSI or Snell or equal) helmet is strongly recommended for use by all participants while riding bicycles. I agree to the terms and conditions of the Pedal Across Wisconsin, Inc. cancellation policy. I park my vehicle at my own risk and acknowledge the safe-keeping of my bicycle as my responsibility. I have read this agreement, fully understand all the terms it contains, and understand that I have given up substantial rights by signing it freely, 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, and agree that if any portion of this agreement is held to be invalid, the balance notwithstanding, shall continue to be in full force and effect. Any action to interpret or enforce it shall be brought in Kane County, in the State of Illinois. The foregoing understood and agreed, I hereby release and waive any and all claims against Pedal Across Wisconsin, Inc. sponsors, workers, volunteers, organizations, schools, businesses, and any other parties connected with this event in any way ('releases') singularly or collectively, and further hold harmless and indemnify such releases from and against any liability, claims of negligence, misadventure, harm, loss, inconvenience, or damage hereby suffered or sustained as a result of participation in the Pedal Across Wisconsin, Inc. tour, or any other activity associated here within. Such release, waiver, hold harmless and indemnity shall apply to my own claims and/or claims of third parties, relating to my participation in this event. I waive, release, discharge for myself, my heirs, executors, administrators, legal representatives (including successors) any and all rights and/or claims which I have, may have, or may hereafter accrue to me against the sponsors and promoters of Pedal Across Wisconsin, Inc. or other sponsors or affiliated organizations and their respective agents, officers, and employees for any and all damagers, injuries or claims which may be sustained by me directly or indirectly arising out of my participations in Pedal Across Wisconsin, Inc.. I agree to abide by the rules of the road and certify that I will read the Pedal Across Wisconsin, Inc. safety letter when sent to me. The undersigned acknowledges having read and agreed to the terms of the foregoing Release and Waiver of Liability agreement, and also acknowledges they have read the safety letter **Pedal Across Wisconsin, Inc. Waiver, Release of Liability and Indemnification Agreement Infectious Diseases - Including, but not limited to COVID-19 and its Strains and Variants. In consideration of your participation in Pedal Across Wisconsin, Inc.'s Tours, Rides and Related Activities and Events (collectively, the "Event"), you, the undersigned, acknowledges and agrees as follows:** 1. While Pedal Across Wisconsin will take precautions before and during the Event to limit exposure and reduce the risk to infectious diseases, including but not limited to COVID-19 and its Strains and Variants, MRSA, influenza, and other communicable diseases, known and unknown (collectively, "Infectious Diseases"), the risk of serious illness and death exists. 2. You, as a participant, agree to abide by all rules and regulations related to the reduction of exposure to and risk of Infectious Diseases as directed by the Event personnel, and you agree to use reasonable precautions yourself to avoid spreading infection to others. 3. You knowingly and voluntarily assume all risks associated with the possible existence and consequences of Infectious Diseases, even if these risks result from the acts of others, and you agree to assume all responsibility of said participation in the Event. 4. You agree that you will comply with all rules and regulations for participation with respect to Infectious Diseases. These rules and regulations may change from time to time, before or during the Event as the situation may require and you agree to abide by any changes. 5. If you have been diagnosed with an Infectious Disease prior to the scheduled Event and have not been cleared by a licensed physician who has personally examined you, then you agree to not participate until such time as you are cleared. Non-participation under this Section is subject to the cancellation and refund rules of your registration. 6. If at any time during the Event you feel you may have symptoms consistent with exposure to Infectious Diseases, you agree to immediately remove yourself from participation and safely advise Event personnel immediately. 7. **RELEASE.** You, for yourself and on behalf of your heirs, assigns, personal representatives and next of kin, **do hereby release and hold harmless Pedal Across Wisconsin, Inc.,** its shareholders, directors, officers, agents, employees, assigns, and the other participants of the Event (collectively the "Releasees"), with respect to any loss, injury, illness, disability or death, from exposure of any Infectious Disease resulting from your participation in the Event, whether said exposure was the result of negligence, gross negligence or reckless conduct from any participant or Event Personnel involved with the Event, to the fullest extent permitted by law.

SIGNED ACKNOWLEDGEMENT: I have read this Waiver, Release of Liability and Indemnification Agreement. I fully understand its terms, and further understand that by signing it, I am giving up substantial rights by signing it. I am doing this freely and voluntarily and without any undue influence or inducement.

Each Participant (Riders AND Non Riders Must Sign/Date Waiver)

Owner of Signature Confirms they have read SAFETY LETTER Link also on registration page

Signature (Typed is Ok) of Adult Participant **Printed Name** **Date**

Signature (Typed is OK) of Adult Participant **Printed Name** **Date**