ride it.
peninsulacentury.com
Century Ride | Metric Century | 50 mile | 25 mile

SPRING CLASSIC
PENINSULA CENTURY

Peninsula Century Spring Classic Official Entry - June 15, 2024

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

First Name: _____ Last Name: _____

Address: _____ Apt. #_____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Gender: Male / Female Birth date: _____ Age on ride day: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

Emergency Contact Relation: _____

Registration includes the ride and post-ride meal prepared by local chefs. Please check ride choice:

Jan 1-Feb 28	**Mar 1-May 14**	**May 15-June 13**	**June 14-15 (on-site/tax included)**
___ 25-Mile ($60)	___ 25-Mile ($65)	___ 25-Mile ($70)	___ 25-Mile ($79)
___ 50-Mile ($65)	___ 50-Mile ($70)	___ 50-Mile ($75)	___ 50-Mile ($84)
___ 62-Mile ($65)	___ 62-Mile ($70)	___ 62-Mile ($75)	___ 62-Mile ($84)
___ 100-Mile ($65)	___ 100-Mile ($70)	___ 100-Mile ($75)	___ 100-Mile ($84)
___ 25-Mile 14&U ($25)	___ 25-Mile 14&U ($25)	___ 25-Mile 14&U ($25)	___ 25-Mile 14&U ($26)

Subtotal $_____

x WI Sales Tax 5.5% $_____

Total Amount Due $_____

Cancellation Policy: Sorry there are no refunds on entry fees or in the event the ride is canceled due to weather. Participants may transfer to a different route; just let us know your change of plans when you pick up your packet and map.

Make checks payable to:
Peninsula Pacers - PCSC
8142 Hwy 57
Baileys Harbor, WI 54202

PENINSULA CENTURY

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, disability 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 representatives, successors and assigns. **Severability:** These Agreements are intended to be as broad and inclusive as permitted by Wisconsin law, and if any portion Agreements are held invalid, I agree that the balance shall, notwithstanding, continue in full legal force and effect. **Integration Clause:** As to any claim arising out of or related to my attendance or participation in the Event, these Agreements collectively: (a) supersede any previous oral or written promises or agreements, and (b) are not the result of or modified by any oral representations or statements of any agent or employee of PC. These Agreements contain the only agreements between the parties regarding the Event, and may only be modified or terminated in a writing signed by myself and PC. **READ ALL OF THE ABOVE BEFORE SIGNING BELOW**

Athlete's Signature _____ Date _____

Parent or Guardian's Consent and Agreement. I, the person signing below, represent and agree that: (1) I have the legal right to enter into the above participation agreement on behalf of the minor athlete named above (the "Athlete") (2) I hereby enter into the above participation agreement on behalf of myself and on behalf of the Athlete;(3) I agree to hold harmless, defend and indemnify the Release Parties from any and all claims of mine – and any spouse, heir, representative or assign of mine – arising from loss or damages (be it property or personal injury related) due to the Athlete's attendance at or participation in the Event.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name _____ Relationship _____

Athlete's Waiver & Release of Liability Agreement. I the athlete named below, want to participate in the Event (as that term is defined in the Athlete's Participation Agreement), and I am willing to enter into the following Agreement. In consideration of the Peninsula Pacers, LLC (PC) allowing me to participate in the Event, by signing below I agree as follows: **My Knowledge of Risks:** I know that distance bike riding is an action sport, carrying risk of personal injury. I know there are natural, man-made, mechanical and environmental conditions and risks that independently or in combination can result in participants in the Event sustaining injury (including permanent disability or paralysis), or in rare situations, sustaining injuries that result in death. I have either familiarized myself with the Event location generally and race specifically, or hereby voluntarily forgo that opportunity. **My Acceptance of Risks:** I hereby accept and assume all risks associated with attending and/or participating in the Event, and I acknowledge that I alone am responsible for my personal safety. I agree to accept all responsibility for the risk, conditions and hazards which may exist during the Event, whether or not I at this time know of or 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 future have against any of the Release Parties (as that term is defined in the Athlete's Participation Agreement), relation in any way to personal injuries or death I sustain due to my attendance at or participation in the Event. I specifically release and discharge, in advance, the Release Parties from any and all liability that may arise out of any Release Party's negligence or carelessness in association with the Event (including but not limited to negligent rescue attempts) but I do not by this Agreement waive, release or discharge any claims for harm caused by a Released Party intentionally or recklessly. As to any claim released hereby, I agree not to sue any of the release Parties for such released claims. I agree to be personally responsible for any costs, expenses or damages arising out of or related to such released claims.

My Related Acknowledgements: I acknowledge that I have the right or opportunity to negotiate the terms of this Agreement, and I hereby waive any such right. I further acknowledge and represent that (a) I have read this Agreement and the Athlete's Participation Agreement. (b) I understand this Agreement; (c) I understand that by signing below I am giving up important legal rights that I might otherwise have; and (d) I am entering into the Agreement and choosing to participate in the Event without compulsion, and by my own free will.
THIS IS A WAIVER & RELEASE OF LIABILITY AGREEMENT: READ ALL OF THE ABOVE BEFORE SIGNING BELOW

Athlete's Signature _____ Date _____
(If the athlete is less than 18 years of age as of the date of this Agreement, then a parent or legal guardian must enter into the Agreement by signing below)

Parent or Guardian's Representation, Consent and Waiver Agreement. I, the person signing below, represent and agree that (1) I have the legal right to enter into this Waiver & Release of Liability Agreement on behalf of the minor athlete named above (the "Athlete"), and (2) I hereby on the Athlete's behalf consent to and agree to all of the above terms. Furthermore, to the extent I have in the future any claims relating to the Athlete's attendance at or participation in the Event. I hereby waive release and discharge those claims hereby, including all claims for negligence, except that I do not waive, release or discharge any claims for harm caused by a Released Party intentionally or recklessly.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name _____ Relationship _____