



## TOUR REGISTRATION FORM

TO COMPLETE YOUR REGISTRATION, YOU MUST FILL OUT THIS PAGE ON YOUR COMPUTER AND SIGN THE WAIVER/RELEASE AGREEMENT BELOW. YOUR SIGNATURE ALSO INDICATES YOU HAVE READ AND UNDERSTAND THE REFUND/TRANSFER POLICY FOUND BELOW. AFTER COMPLETING THE FORM PLEASE PRINT IT OUT, SIGN AT THE BOTTOM OF PAGE 2 AND SEND IT TO THE TOUR REGISTRAR AT THE ADDRESS GIVEN ON THE FORM.

<b>Current COGS Member?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>COGS Membership is required</b>	<b>LAST NAME</b>		<b>FIRST NAME</b>		<b>DATE OF BIRTH</b> <input type="text"/> / <input type="text"/> / <input type="text"/>		<b>MALE FEMALE</b> <input type="checkbox"/> <input type="checkbox"/>	
<b>E-MAIL</b> (you will get tour information via e-mail)			<b>HOME PHONE</b>		<b>WORK PHONE</b>		<b>ON BIKE PHONE:</b>	
<b>STREET ADDRESS</b>			<b>APT. #</b>		<b>CITY</b>		<b>STATE</b>	<b>ZIP</b>
<b>NAME DESIRED ON NAME TAG:</b>			<b>Diet restrictions: e.g. vegetarian, gluten free, food allergies, etc. (we can't accommodate vegan)</b>					
<b>Roommate Request: (Not guaranteed but we'll do our best)</b>			<b>Emergency Contact Name &amp; Phone Number</b>					
<b>Medical Insurance &amp; Policy #</b>			<b>Doctor's Name &amp; Phone Number</b>					
<b>Any Medical Conditions We Should be Aware of:</b>								

All rooms will be double/doubles for two people (a very few motel configurations may require different rooming arrangements).

PLEASE SEND THE COMPLETED AND SIGNED TWO PAGE REGISTRATION TO:

COGS TOUR REGISTRAR  
 C/O Ralph & Carol Nussbaum  
 7531 Dibble Ave NW  
 Seattle, WA 98117-5126

We will send you an email confirmation in return. Please be sure to include a legible email address for easy communication.  
 All final payments are due **ninety (90)** days prior to the start of the tour.

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### COGS Tour Refund/Transfer Policy

The COGS Tour Program is a non-profit volunteer activity which offers the highest quality tours at the lowest possible price. Arranging these tours requires making financial commitments well before any tour begins, and late withdrawals from tours can cause significant losses to the club. Therefore full payment will be required no later than 90 days prior to the tour start.

Refund and Cancellation requests must be made in writing and directed to the Registrar at [RNussbau@earthlink.net](mailto:RNussbau@earthlink.net).

If you need to cancel here is what you can expect:

- If you cancel more than ninety (90) days prior to the start of a tour, you will receive a full refund less a \$25 handling fee. This includes your deposit.
- If you cancel ninety (90) to thirty (30) days prior to the start of the tour and **if there is someone on the Wait List** who can replace you, you will receive a full refund less a \$25 handling fee. This includes your deposit. If there isn't anyone on the Wait List, you can transfer your registration and the same policy applies. If you are unable to find a replacement your **deposit is forfeit**. **Note:** transfers are subject to Tour Leader approval due to room configuration issues.
- For any cancellation made within twenty-nine (29) days of the start of the tour, the entire **tour fee is forfeit** unless there is someone on the Wait List or you are able to transfer your registration. Transfers must be completed no later than 10 days prior to tour start. Again the \$25 handling fee would apply. *[In cases of serious injury to the cyclist or family emergencies, refunds may be made if there are funds left over at the end of the tour at the discretion of COGS Board of Directors.]*
- If COGS has to cancel the tour for any reason you will receive a full refund of all tour payments made.



## MULTI-DAY TOUR RELEASE AGREEMENT

### CYCLISTS OF GREATER SEATTLE RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AND PARENTAL CONSENT AGREEMENT ("AGREEMENT")

IN CONSIDERATION of being permitted to participate in any way in Cyclists of Greater Seattle ("Club") sponsored Bicycling Activities ("Activity"), 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 condition 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 incur as a result of my participation in the Activity.
3. HERBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the Club, their 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 Releases, 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.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED 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 IN FULL FORCE AND EFFECT.

### CPSC OR SNELL APPROVED HELMETS ARE REQUIRED!

X

SIGNATURE OF ACTUAL PARTICIPANT

DATE

\*SIGNATURE OF PARENT/GUARDIAN IF PARTICIPANT IS UNDER 18.

DATE

\* Consent for Medical Care and Treatment of a Minor: By signing above I authorize medical treatment the minor registering for this tour and agree to be responsible for any costs associated with such treatment. **PARENT OR GUARDIAN MUST ACCOMPANY AND BE RESPONSIBLE FOR MINORS.**