

HARRISBURG BICYCLE CLUB – 2014 – 40TH FALL TOUR REGISTRATION FORM

Name(s): _____
 Address: _____
 City: _____ State: _____ Zip: _____ Zip+4: _____
 Phones:(Home): (_____) _____ - _____ (Cell): (_____) _____ - _____
 E-Mail: _____

Send Fall Tour Registration To:
HBC FALL TOUR, C/O Grace House
419 DIEHL RD, MECHANICSBURG PA 17055
Phone Info: Grace House (717) 766-4054
FTInfo@harrisburgbicycleclub.org

❖ **Registration Fee (Applies to ALL Participants (except children under 12))** Covers the costs related to cue sheet production, tour supplies, tour planning mileage, and the hospitality room expenses. _____ @ **\$20.00** = _____

❖ **Weekend Package** (Oct. 3 – 5) - includes two nights accommodations at the Grand Hotel of Cape May and the group breakfast-banquet Saturday morning. **Cost per person** is based on double occupancy.
 Adult full weekend accommodations: _____ @ **\$233.00** = _____
 - or - Children 12 years or older sharing a room with two adults: _____ @ **\$50.00** = _____
 - or - Children under 12 years sharing a room with two adults: _____ @ **FREE** = **FREE**

❖ **4-Day Ride-Down Package** (Sept. 30 – Oct. 3) - includes overnight hotel accommodations for three nights, maps, and cue sheets. **Cost per person** is based on double occupancy. *The cost of the meals en route is not included in this package.* Routes start at Darrenkamp's, outside Elizabethtown. _____ @ **\$112.00** = _____

❖ **3-Day Ride-Down Package** (Oct. 1 – 3) - includes overnight hotel accommodations for two nights, maps, and cue sheets. **Cost per person** is based on double occupancy. *The cost of the meals en route is not included in this package.* _____ @ **\$70.00** = _____

❖ **2-Day Ride-Down Package** (Oct. 2 – 3) - includes overnight hotel accommodations for one night, maps, and cue sheets. **Cost per person** is based on double occupancy. *The cost of the meals en route is not included in this package.* _____ @ **\$42.00** = _____

❖ **A la carte Costs** For registrants not staying at the Grand Hotel, these optional costs are per person:
Group Breakfast for the group breakfast, tax, and gratuity Saturday morning, Oct. 4. _____ @ **\$17.50** = _____

❖ **HBC Membership** One person per household must be an HBC member to go on tour. *Apply if necessary.*
 One year membership with **electronic Spokesman**: _____ @ **\$ 15.00** = _____

❖ ****LATE FEE** Registration after 8/22/13, add **\$15 per person**. Full payment needed. _____ @ **\$15.00** = _____
Make checks payable to the Harrisburg Bicycle Club TOTAL AMOUNT DUE \$ = _____

➔ **A \$50/person deposit DUE 8/08/13 reserves your spot. The balance is DUE 8/22/13**.** ←

Roommate preference: In Cape May: _____ Ride Down: _____

Information pertaining to those people bicycling to Cape May:

From those items shown below, please 'X' all the ones that describe your bicycle touring capability:

- First HBC Fall Tour - Tandem Bike (Single Assumed) - 10-12 mph pace - 13-15 mph pace

If you know the people with whom you wish to ride, please write their names in the spaces below:

_____, _____, _____, _____
 _____, _____, _____, _____

Volunteers are needed to be six-pack leaders. I am willing to be a six-pack leader: - Yes

Everyone's help is needed to get the cyclists home from Cape May. Please 'X' any of the following that apply:

- () - I'm biking to Cape May & need a ride home for _____ person(s) & _____ bike(s). Fill in the
 () - I'm biking to Cape May, ... but I can bring home _____ person(s) &/or _____ bike(s). blanks with
 () - I'm driving to Cape May & can bring home _____ person(s) &/or _____ bike(s). information
 () - I have a vehicle that can be driven to Cape May. It holds _____ people & _____ bikes. as appropriate
 () - I'm willing to drive someone else's vehicle to Cape May. **Please help.**
 () - I have this equipment that can be borrowed: _____

Release: Must be signed by each participant.

I hereby release, remise, quitclaim, and waive any claim of liability against the Chairperson, the Harrisburg Bicycle Club (HBC), its officers, agents, or members that I may now have or that may arise in the future as a result of my participation in the 2014 Fall Tour (Tour) or any related activity.

I understand that the Tour will involve bicycling on state or local highways of Pennsylvania, Delaware, Maryland, and New Jersey, or their constituent municipalities, and that I will be required to exercise caution and obey all applicable traffic laws and regulations.

I understand that the Chairperson, HBC, its officers, agents, or members have planned the Tour, but they do not and shall not exercise control over my conduct during the Tour or related activities and do not insure any guarantee of my physical safety.

I understand the Tour is a non-profit activity and that any fee I pay is not intended to result in profit to the Chairperson, HBC, its officers, agents, or members.

If I use any facilities provided for the Tour for any related activity, I understand that I do so at my own risk, and hereby release the Chairperson, HBC, its officers, agents, or members from any claim of liability that I might now have or that may arise in the future as a result of my use of such facilities.

I hereby consent to the administration of any necessary medical treatment that I may require during the Tour or any related activity, but I understand that no medical services will be provided as part of the Tour and neither the Chairperson, HBC, its officers, agents, or members have any duty to supply medical care or treatment.

I understand that the proper use of a bicycle helmet is required for all on-bike activities during this event.

I understand that I participate in the Tour and related activities at my own risk, and in exchange for being permitted to participate, I have executed this release voluntarily.

Signature(s): _____ Date: _____

_____ Date: _____