



Private Guided Ride – Skills Clinic

INFORMATION / PARTICIPANT AGREEMENT FORM

PLEASE RETURN THIS DOCUMENT TO OUR OFFICE ASAP

TOUR: _____ TOUR DATE: _____

YOUR NAME: _____ **DATE OF BIRTH:** ____ / ____ / ____ **SEX** F M

ADDRESS: _____ **OCCUPATION:** _____

CITY: _____ **STATE:** _____ **ZIP:** _____

HOME PHONE: () _____ **WORK PHONE:** () _____ **CELL PHONE:** () _____

E-MAIL: _____

EMERGENCY CONTACT INFO

NAME: _____ **RELATIONSHIP:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____ **PHONE:** () _____

WHERE DID YOU HEAR ABOUT US? _____

RATE YOUR CYCLING ABILITY INT ADV EXP **WHERE YOU TYPICALY RIDE** Pavement Dirt Road Single Track

WHEN YOU RIDE, HOW LONG (time), HOW FAR (distance) AND HOW FREQUENTLY (times/week) DO YOU TYPICALY RIDE? _____

PLEASE LIST OTHER ATHLETIC ACTIVITIES THAT YOU ENGAGE IN AND THE FREQUENCY (times/week): _____

WHAT "GOALS" ARE YOU LOOKING TO ACHIEVE ON THIS RIDE? _____

WHEN YOU RIDE, HOW LONG (time), HOW FAR (distance) AND HOW FREQUENTLY (times/week) DO YOU TYPICALY RIDE? _____

PLEASE LIST ALL PREEXISTING MEDICAL CONDITIONS YOU HAVE. _____

ARE YOU CURRENTLY TAKING ANY PRESCRIPTION MEDICATIONS? NO IF YES, PLEASE LIST _____

DO YOU HAVE ANY ALLERGIES TO FOOD, MEDICATION, INSECTS (Bee stings)? NO IF YES, PLEASE EXPLAIN _____

TRAVEL PLANS: If flying, send copy of itinerary or list airlines, flight #, date, cities, departures & arrivals. If driving, note planned arrival time. _____

LODGING: LIST NAME OF HOTEL WHERE YOU WILL BE STAYING BEFORE THE TOUR. _____

Participant Agreement

In consideration of the services of Mike & Maggie Adventures, LLC, Maggie Adventures dba, their officers, agents, employees, and all other persons or entities associated with those businesses (hereinafter collectively referred to as "Magpie Adventures") I agree as follows:

Although Magpie Adventures has taken reasonable steps to provide you with appropriate equipment and skilled guides so you can enjoy an activity for which you may not be skilled, we wish to remind you this activity is not without risk. Certain risks cannot be eliminated without destroying the unique character of this activity. The same elements that contribute to the unique character of this activity can be causes of loss of, or damage to, your equipment, accidental injury or illness or, in extreme cases, permanent trauma or death. We do not want to frighten you or reduce your enthusiasm for this activity, but we do think it is important for you to know in advance what to expect and to be informed of the inherent risks. The following describes some, but not all, of those risks:

Falling, collision, upset, striking obstructions or other persons, unsafe speed of travel for conditions, head injuries, equipment failure, weather conditions including temperature, exposure (hypothermia, sunstroke, sunburn, heat exhaustion), dehydration, guide error and highway or roadway vehicles.

I am aware that this activity entails risks of injury or death to myself. I understand that the description of these risks is not complete & that other unknown or unanticipated risks may result in injury or death. I agree to assume responsibility for the risks identified herein & those risks not specifically identified. My participation in this activity is purely voluntary, no one is forcing me to participate, and I elect to participate in spite of the risks.

I certify that I am fully capable of participating in this activity. Therefore, I assume full responsibility for myself, including my minor children, for bodily injury, death, & loss of personal property & expenses thereof, including evacuation, as a result of those inherent risks & dangers & of my negligence in participating in this activity.

I have read, understood, and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon myself, my heirs, assigns, personal representative, estate and for all members of my family, including any and all minors accompanying me. I acknowledge I am not relying on any oral, written, or visual representations or statements made by Magpie Adventures including those made in its brochures or other promotional material, to induce me to participate in this activity.

Signature of Participant: _____ **Date:** _____

If under 18, signature of parent or guardian: _____ **Print Name Here:** _____