



EMIGRANT TRAILS BIKE TREK CAMP GUEST APPLICATION

2009 Emigrant Trails Bike Trek
September 11-13, 2009



Please fill out **ONE CAMP GUEST APPLICATION FOR EACH CAMP GUEST**, including children.

Name (please print): _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____ Cell: _____

Date of Birth: _____ E-mail: _____

Employer: _____ Occupation: _____

Trekker who you will accompany: _____ Team: _____

Please check the box or boxes that apply.

**** Note that children under 6 are free, but still require camp guest form ****

<input type="checkbox"/> Weekend - \$125 Best value! Price includes: <ul style="list-style-type: none"> • Friday and Saturday night camping fees • Continental breakfast Friday; full breakfast Saturday and Sunday • Lunch Friday, Saturday and Sunday BBQ • Dinner Friday and Saturday • In-camp entertainment and amenities all weekend 	<input type="checkbox"/> Friday Only - \$75 Price includes: <ul style="list-style-type: none"> • Friday night camping fee • Lunch Friday • Dinner Friday • Breakfast Saturday • In camp entertainment and amenities Friday 	<input type="checkbox"/> Saturday Only - \$75 Price includes: <ul style="list-style-type: none"> • Saturday night camping fee • Lunch Saturday • Dinner Saturday • Breakfast Sunday • In-camp entertainment and amenities Saturday
<input type="checkbox"/> Sunday BBQ - \$20 Price includes: <ul style="list-style-type: none"> • Trek BBQ Lunch Celebration 		

Yes I agree to the terms of the Emigrant Trails Bike Trek Waiver and Medical Release (see back of application)

My check is enclosed (payable to Breathe California of Sacramento-Emigrant Trails)

Mastercard/Visa: Please charge \$ _____ to my card (please fill out all information below)

Name on card: _____

Card #: _____ Exp: _____ CVV2#: _____

Signature: _____

Billing Address (if different from address above): _____

City: _____ State: _____ Zip: _____

EACH CAMP GUEST MUST:

Complete **BOTH SIDES** of this application form and **RETURN BY AUGUST 21, 2009** with payment to:
 Breathe California of Sacramento-Emigrant Trails, Attn. Bonnie, 909 12th Street, Suite 100, Sacramento, CA 95814.
 For more information call (916) 444-5900 ext 203.
 Our fax number is (916)-444-6661.

>> OVER >>

Important! The Trek Waiver and Medical Release must be filled out completely and signed to participate.



TREK CAMP GUEST WAIVER

In consideration of the acceptance of my application for participation in the TREK as participant, volunteer or guest, I WAIVE and release any and all claims for personal injury, damages, death or property damage which I may have or may hereafter accrue to me, as a result of being involved in any manner in this event. Breathe California of Sacramento-Emigrant Trails (BCSET) will NOT pay for medical expenses, wages lost, pain, distress, injury, property damage or any other damages. This release is intended to discharge in advance BCSET, the sponsors, volunteers, anyone contributing services, the municipalities through which the TREK will take place and all their agents and employees as well as any other person connected with the TREK, their heirs, successors, and assigns for any and all liability arising out of or connected in any way with any participation in said event. I also release the Napa County Fairgrounds from any and all claims of damage of personal property, including vehicle damage, arising before, during or after the TREK. I agree that BCSET has the discretionary authority to make any decision necessary for the safety or morale of the entire group, including removing people from the TREK.

I AM AWARE THAT PARTICIPATION IN THE TREK INVOLVES HAZARDOUS ACTIVITIES. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF DANGER INVOLVED AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH.

I agree to assume all risks and to release all of the persons or entities mentioned above who might otherwise be liable to me, my heirs or assigns for damages. I further understand and agree that this waiver, release and assumption of risk is binding on my heirs and assigns. The naming of any party in this release is not intended and does not imply they are joint ventures or have any right of control or responsibility to the TREK participants, volunteers or guests.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and assigns.

While participating in the Trek, I authorize BCSET to request, authorize and direct any and all medical care for me.

IF I AM PARTICIPATING AS A VOLUNTEER OR GUEST I UNDERSTAND THAT I AM NOT GRANTED ANY ON-ROAD PRIVILEGES AND AGREE TO NOT CYCLE THE TREK.

I have CAREFULLY READ THIS AGREEMENT and FULLY UNDERSTAND ITS CONTENTS. I am fully aware this is a RELEASE OF LIABILITY and a contract between myself and Breathe California of Sacramento-Emigrant Trails and or its affiliated organizations.

Signature: _____ Date: _____
(Parent Signature needed if guest is under 18)



MEDICAL RELEASE

(Please print clearly or type)

I _____ authorize the bearer to request, authorize, contact and direct any and all necessary medical care for me.

Signature: _____ Date: _____
(Parent Signature needed if guest is under 18)

Allergies to Medicines: _____

Medical Conditions: _____

Insurance Carrier: _____ Medical #: _____

In Case of Emergency Contact: _____ Relationship: _____

Contact's Day Phone: () _____ Contact's Evening Phone: () _____

**BCSET does not carry medical insurance to cover any injuries.
You must have your own medical coverage.**