Registration Form
TRAILS OF FLORIDA
FEB 7-12, 2027

RIDER INFORMATION

Full Name

Email **Phone**

Date of Birth **MM/DD/YYYY** **Gender** Male ☐ Female ☐

Address

City/State/Zip Code

EMERGENCY CONTACT

Please provide a point of contact, cannot be a fellow rider

First Name **Last Name**

Phone

Relation to Emergency Contact

☐ Spouse/Significant Other ☐ Son/SIL/stepson ☐ Daughter/DIL/stepdaughter

☐ Parent ☐ Grandparent ☐ Friend

☐ Brother/BIL/stepbrother ☐ Sister/SIL/stepsister ☐ Neighbor ☐ Other

DO YOU PREFER VEGETARIAN MEAL OPTION? *This is the only additional food option*

☐ Yes, I prefer vegetarian meals ☐ No, I do no prefer vegetarian

MEDICAL CONDITIONS

I currently have, or have had in the past, medical conditions that the BPP tour operators should be aware of:

☐ Yes ☐ No

If yes, please list and briefly detail any medical conditions and medications which tour management needs to be aware of:

MINOR: ARE YOU UNDER 18 YEARS OF AGE? **No** ☐ **Yes** ☐

If yes, what is the full name of your parent/guardian, address and telephone number?

BICYCLE INFORMATION

I will be riding:

☐ Hybrid ☐ Recumbent ☐ Tandem ☐ Other

☐ Upright ☐ Road ☐ Trike ☐ E-Bike (internal, non-removable battery)

☐ E-Bike (removable battery)

If renting, will you be renting from the BPP recommended outfitter?

☐ Yes ☐ No ☐ To Be Determined

How will you be traveling to this event?

☐ Car ☐ Air ☐ To Be Determined

T-SHIRT SIZE (Unisex Sizing)

S ☐ L ☐ 2XL ☐ 4XL ☐

M ☐ XL ☐ 3XL ☐

VOLUNTEER APPRECIATION

Our dedicated volunteer staff are committed to ensuring an enjoyable experience for all participants.

Volunteer appreciation envelopes will be distributed at the event, cash is the preferred means; and alternative payment mechanisms (checks, Venmo, Zelle) are mutually appreciated.

Tips collected will be evenly distributed amongst the volunteers only, ownership is not included.
The suggested standard tip ranges from 14-18% of the registration fee per rider.

PRICING & PACKAGES

TRAILS OF FLORIDA PRICING 2027

SINGLE	$2500
DOUBLE	$2000

Package price per rider

Please note that there are expiration dates associated with promo codes, your registration must be either postmarked or emailed on or before the date stated.

Registration Class: ☐ **Single** ☐ **Double**

Single If registering as a SINGLE, what bed configuration do you prefer? ☐ 1 Bed ☐ 2 Beds ☐ Either\Or

Double Share \ partner full name

Email address

If registering as a DOUBLE, what configuration do you prefer? ☐ 1 Bed ☐ 2 Beds

PAYMENT & PROCESSING

A minimum deposit of 50% is required.

Pending balance is due 60 days prior to the first day of the event.

Promo Code discount(s) will be honored based on the postmark date when mailing a check.

Redeem DISCOUNT CODE:

Please deduct the discount amount from your payment and make a note on the check stating the Discount Code.

Personal Check / Cashier's Check

Save an additional $50 per rider when you pay in full & mail a personal check or cashier's check.

- ***Subtract $50 from each rider's fee when making full payment.***

Scan, Email & Mail

If you opt to send a scanned version of this form, please attach in an email to:
pamperedpedalers@gmail.com

Upon receipt of your registration form, a payment invoice will be emailed to you within 48 hours.

Print & Mail

If you opt to print and fill this form, please be sure to include your printed full registration with signatures along with payment.

Please make payable to : **Bubba's Pampered Pedalers**

Mailing Address: Bubba's Pampered Pedalers
1916 Pike Place, Suite 12 #1470, Seattle, WA 98101

Notes: Discounted rate(s) for multiple riders is dependent upon receiving registration of all riders before the deadline cutoff date. Double rates apply exclusively to individuals sharing the same room.

CANCELLATION & REFUND POLICY

Please carefully review this Cancellation/Refund Policy before submitting payment.
This policy is intended to be fair and transparent. Refunds, if any, are determined based on the date Bubba's Pampered Pedalers ("BPP") receives written notice of cancellation from the participant. All cancellations must be submitted in writing by email to ***pamperedpedalers@gmail.com***
The effective cancellation date is the date the email is received. When refunds are issued, the reimbursement will be back to the same credit card that was used for payment or in the form of a check mailed via US Postal Service within 10 days of the confirmed cancellation communication.

Cancellation & Refund Schedule
* If cancelling 150 days or more prior to the event start date there will be a $500 cancellation fee.
* If cancelling 149-91 days prior to the event start date there will be a $600 cancellation fee.
* If cancelling 90-61 days prior to the event start date there will be a $750 cancellation fee.
* Cancellations made 60 days or fewer prior to the event start date are non- refundable, in accordance with contractual obligations.

Force Majeure (Events Beyond Our Control)
This Cancellation/Refund Policy will be strictly enforced.
*If a tour is unable to commence due to an Act of God, natural disaster, or any other circumstance beyond the tour operator's reasonable control, a 100% refund will be issued.
*If a tour is interrupted or terminated after it has commenced due to an Act of God, natural disaster, or any other circumstance beyond the tour operator's reasonable control, no refunds will be issued.

Late Arrival or Early Departure
No refunds or discounts will be provided for participants who arrive late, depart early, or otherwise fail to complete the tour as scheduled, for any reason.

Please initial to confirm your acknowledgment and acceptance of all terms specified in this Cancellation & Refund Policy. *Initials*

TRIP INSURANCE

Trip insurance is strongly recommended.

We recommend Squaremouth, an insurance comparison marketplace that allows travelers to compare multiple trip insurance plans.
For individuals who travel multiple times per year, an annual travel insurance policy may be the most cost-effective option.

Squaremouth Travel Insurance www.squaremouth.com/23242

Please initialize to confirm that you have reviewed the recommendation regarding travel insurance. *Initials*

SAFETY COMMITMENT VOW

The BPP Safety First Policy requests your commitment to our best practices:

* To equip my bicycle with both front and rear lights

* Bicycle lights are to remain illuminated at all times while cycling.

* I vow to protect my awareness on roads where motor vehicles have priority by avoiding in-ear and over-ear headphones and using only bone-conduction headphones when audio is necessary.

* To obey all traffic signs and signals

* To identify and communicate road or trail hazards, such as "gravel," "hole," or "glass," to surrounding riders.

* Announce my actions to other riders by saying "Slowing," "Stopping," or "Turning."

* Maintain a single file formation when riding on public roads if a motor vehicle is approaching from any direction.
* Always ride as far to the right as safely possible, unless briefed otherwise.

I understand and agree that my participation in this tour requires my compliance with the above stated points in this SAFETY COMMITTMENT VOW
Initials

ACKNOWLEDGEMENT

I acknowledge that I have thoroughly reviewed and comprehended the three trip policies outlined above (Cancellation & Refund Policy, Trip Insurance, Safety Commitment Vow)

Name **Signature**

Date **MM/DD/YYYY**

BICYCLE TOUR \ GENERAL RELEASE
ASSUMPTION OF RISK & INDEMNIFICATION AGREEMENT

This General Release, Assumption of Risk and Indemnification Agreement has legal consequences.

I, the undersigned, know that this Bubba's Pampered Pedalers bicycle tour, hereafter referred to as the "Event," is a potentially hazardous event, and attend it out of my own free will and choice. In choosing to attend the Event and any related events or activities, I fully accept and assume all risks, whether before, during or after this Event and/or related events or activities. These include, without limitation, risk of physical injury, trauma or death, mental or emotional stress or injury, collision with motor vehicles of all types and descriptions, collision with other riders or fixed or moving objects, contact with other participants, communicable diseases, equipment failure, inadequate safety equipment, effects of weather including extreme temperature or conditions, traffic, , the conditions of the roads, theft, camping, participating in events or activities along the route and rides in a bus or other automotive vehicle provided or arranged for the undersigned. All such risks or risks of an event of this type are known or anticipated and are understood and appreciated by me. I waive any and all need for being given notice of the existence of any specific risks. I agree that leaders and maps are provided for my convenience only and do not guarantee a safe route or trip. I shall assume and pay my medical and emergency expenses in the event of injury, illness or other incapacity regardless of whether I authorized such expense. I realize this Event requires physical conditioning and I represent that I am in sound medical condition capable of participating in the ride without risk to myself or others. I have no medical impediment that would endanger myself or others. I understand that situations may arise during this Event that may be beyond the control of sponsors, promoters and organizers. I will be solely responsible for the condition and adequacy of my bicycle, safety gear and riding equipment. I will ride safely within the limits of my own abilities, my equipment and the riding conditions and in a manner so as not to endanger myself or others.

Knowing these facts and in consideration of my entry, acceptance, admission to and participation in this Event and its related events and activities, I, for myself and anyone acting on my behalf, waive, release, discharge and covenant not to sue Pedal Productions, LLC, a Missouri limited liability company ("PPL"), its affiliates and respective managers, members, officers, directors, employees, volunteers, agents, representatives, sponsors, volunteers, insurers and insurance brokers, and the respective heirs, executors, administrators, personal representatives, successors and assigns of all of the foregoing (collectively, the "Released Parties") from and for any and all claims, demands, actions, causes of action, damages, liabilities, attorneys' fees, costs, expenses and lawsuits, as well as any claims for any injunctions or other equitable relief, of any and every kind or nature that the undersigned has, may have or which may hereafter accrue to the undersigned against the Released Parties, directly or indirectly, arising out of or relating in any respect to the attendance of or participation by the undersigned in the Event and its related events and activities, including, without limitation, those based on or related to any negligence of any of the Released Parties, or any actions or failures to act by any of any of the Released Parties ("Claims").

• I further agree to indemnify and hold the Released Parties harmless from any and all Claims.
• I agree to abide by all the rules, regulations or instructions provided by staff or personnel conducting this Event for the safety or general welfare of the participants in the Event.
• I waive my rights of privacy or publicity and grant permission to all of the forgoing to use any photographs, motion pictures, videotapes, recordings or other record of this
• Event for any marketing or other legitimate purposes.
• If I am a minor, my parent or guardian is also signing on my behalf and we both agree to be bound by the same terms of this General Release, Assumption of Risk and Indemnification Agreement.
• If I am the parent or legal guardian of a minor child participant, I certify that the minor is in good health, qualified and in proper physical condition to participate in this Event and I hereby, for and on behalf of such minor child, waive, release, discharge, covenant not to sue, and agree to indemnify and hold harmless all of the Released Parties from any and all Claims. I will, in my own right, indemnify and hold harmless each of the Released Parties from any and all Claims in connection with the minor's participation in this Event and its related events and activities.

In the event any one or more provisions of this General Release, Assumption of Risk and Indemnification Agreement may be deemed invalid or unenforceable by any court of competent jurisdiction, but if such provision(s) were modified or severed from this document and this document would then be deemed valid and enforceable, it is agreed that such provision(s) shall be deemed so modified or severed, to the extent permitted by applicable law, to give the fullest effect to the intent of this document.

THE UNDERSIGNED HAS READ THE FOREGOING DOCUMENT AND UNDERSTANDS ALL ITS TERMS. THE UNDERSIGNED UNDERSTANDS HE HAS THE RIGHT TO CONSULT LEGAL COUNSEL PRIOR TO SIGNING AND HAS DONE SO OR HAS EXPRESSLY WAIVED HIS RIGHT TO DO SO. THE UNDERSIGNED SIGNS FREELY, VOLUNTARILY AND WITHOUT INFLUENCE FROM ANY OTHER PARTY.

GENERAL RELEASE

(*SIGNATURE REQUIRED*)

Name

Signature

Date **MM/DD/YYYY**

PARENT / GUARDIAN

(If signee is aged 18 years or under)

Name

Signature

Date **MM/DD/YYYY**