



BREATHE
CALIFORNIA
Sacramento Region



CAMP GUEST APPLICATION
2019 Breathe Bike Trek
September 6-8, 2019

Name (please print): _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____ Age: _____

Cell Phone: _____ E-mail Address: _____

Employer: _____ Occupation: _____

Trekker who you will accompany: _____ Team: _____

- Yes I agree to the terms of the Breathe Bike Trek Waiver and Medical Release (see back of application)
- My check is enclosed
- Please charge my Visa or Master Card (circle one) for the fees checked below:

Visa/MasterCard #: _____ Expiration _____ Date: _____

CVV # (last 3 digits on the back of the card): _____

Guest Registration Fees (Non-refundable)

- \$ 150** Three-day camp fee (Friday-Sunday)
- \$ 100** Two-day camp fee (Saturday-Sunday)

Camp guest fee includes all amenities: food, entertainment, snacks and camping.

EACH PERSON MUST:

Complete **both sides** of this application form and **return by August 23, 2019** with payment to: Breathe California of Sacramento-Emigrant Trails, Attn. Steve, 909 12th Street, Sacramento, CA 95814. For more information: Phone 916-444-5900 ext. 217 or Fax 916-444-6661



Over

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

Guest Trek 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 Sacramento Region (BCSR) 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 BCSR, 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 Petaluma KOA from any and all claims of damage of personal property, including vehicle damage, arising before, during or after the TREK. I agree that BCSR 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 BCSR 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 Region and or its affiliated organizations.

Date: _____

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

 **Medical Release (Please print or type)**

I _____
(Please print name)

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

Participant's signature
(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

BCSR does not carry medical insurance to cover any injuries. You should have your own medical coverage.