

**Please print and fill out with ink pen!**  
**Peru Registration 2019 Puerto Maldonado to Nasca**

Name \_\_\_\_\_ Age \_\_\_\_\_ Jersey size \_\_\_\_\_ T shirt size \_\_\_\_\_

Street Shipping Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_@\_\_\_\_\_

Best Phone \_\_\_\_\_ PASSPORT # \_\_\_\_\_

*Passport # required to purchase Peruvian flight tickets*

Emergency Contact Person \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Phone for Contact Person During the Tour \_\_\_\_\_

**Tour Fee:** \$500 deposit payable to PAC Tour

We need at least 5 paid riders by March 1<sup>st</sup>, 2019 to proceed with this tour. If we do not have 5 riders signed up by March 1<sup>st</sup> your \$500 deposit will be return to you.

**Do not buy your airline tickets to Peru until after June 1<sup>st</sup>.**

Final tour price: 5-7 riders \$2,995 8-9 riders \$2,895 10-12 riders \$2,795

Price determined on July 1<sup>st</sup> based on the number of paid riders. Final payment due July 15<sup>th</sup>.

Double occupancy hotel rooms most nights (no single supplement option)

**Travel Insurance is strongly recommended.** Personal medical insurance may not apply in Peru.

**Signature required below**

By signing this form, I understand What is Included and What is not Included in the Cycling Across Peru Tour as listed on the PAC Tour web site.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Mail these two pages to:

PAC Tour

PO BOX 303

Sharon, WI 53585

Include your deposit check or use the payment link on the PAC Tour register page to pay the deposit using your credit card. Checks are preferred.

Questions? - contact Lon Haldeman haldeman@pactour.com

## **PAC TOUR Liability Waiver**

I acknowledge that this athletic event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss.

The risks include but are not limited to, those caused by terrain, facilities, temperature, weather, conditions of athletes, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and or producers of the event, and lack of hydration. These risks are not only inherent to athletics, but are also present for volunteers.

I hereby assume all of the risks of participating and or volunteering in this event. I realize that liability may arise from negligence or carelessness on the part of the person or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently trained for participation in the event and have not been advised otherwise by a qualified medical person.

I acknowledge that this Accident Waiver and Release of Liability (AWRL) form will be used by the event holders, sponsors and organizers, in which I may participate and that will govern my actions and responsibilities at said events.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me or my traveling to and from this event, and the Following Entities or Persons;

PAC Tour, LLC Lon Haldeman Susan Notorangelo and their directors, officers, employees, volunteers, representatives and agents, the event holders, event sponsors, event directors, event volunteers;

(B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individual or entries as a result of any of my actions during this event.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident and or illness during this event.

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

This AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I hereby certify that I have read this document; and, I understand it's content.

Print Name \_\_\_\_\_

Signed \_\_\_\_\_

Age \_\_\_\_\_ Date \_\_\_\_\_