



TOUR de CLIFFS PARTICIPANT REGISTRATION

Individual

Couple

Partner's Name _____

If registering as a couple, both riders must complete a registration packet

RIDER INFORMATION

Name _____

Address _____

Cell _____

Email _____

Emergency contact

Name _____

Cell _____

Email _____

Jersey size (Womens/Mens, S-XL) _____

Rate yourself as a cyclist _____

Brand new, novice, intermediate, advance

Longest ride you have completed _____

.....

FLIGHT INFORMATION

Arrival Airport: _____

Airline _____ Flight# _____

Arrival Time _____

Departure Airport: _____

Scheduled Departure Time _____

BIKE INFORMATION

BRINGING MY OWN

How will your bike arrive?

shipbike.com

Traveling with

Please ship your bike no later than
October 10th to:

Hotel Domestique
10 Road of Vines
Travelers Rest, SC 29690

What is your bike component group?
(i.e. Campagnolo, Shimano, Sram):

PREFER A LOANER (Trek Bikes)

Please bring your own saddle. If you prefer to clip in, please bring your own pedals.

To fit your bike please provide the following information:

Height _____ Inseam _____

OR Bike frame size _____

RECOVERY DAY

We will make arrangements for the activities you choose.

How would you like to spend your recovery day?

Kayaking

Golfing

Need Clubs YES
 NO

Ladies
 Mens

Right handed
 Left handed

Massage

Preferred time _____ at your guest cottage
 at wellness center

Hiking

Level of difficulty (Beginner, intermediate, advanced) _____

Recovery Ride

.....

FOOD + MISCELLANEOUS DETAILS

Do you have any dietary restrictions?

Beverage of Choice (list wines, soft drinks, sports drinks, etc.)

Is there anything we can do to make your trip more enjoyable?

PAYMENT

Individual **\$5,499**

Couple **\$9,999**

Mail registration packet to:

How will you pay?

Check
(payable to The Cliffs)

Visa
 Mastercard
 Amex

Tour de Cliffs
PO Box 1279
Travelers Rest, SC 29690

Card Number _____

Exp _____ Security code _____

Signature _____



TOUR de CLIFFS

LIABILITY RELEASE AND WAIVER

(For Participants 18 and Older)

Participant's Name _____

Address _____ City, State, Zip _____

Phone (day) _____ Phone (evening) _____

LIABILITY RELEASE: For good and valuable consideration, including being given the opportunity to participate in the Program, the receipt and sufficiency of which are hereby acknowledged.

I acknowledge, agree and represent that I understand the nature of the Program, and that I am 18 years old or older and am qualified, in good health, and in proper physical condition to participate in such activities. .

I fully understand that this program involves risk and dangers of serious bodily injury, including permanent disability, paralysis and death ("Risks"). These risks and dangers may be caused by my own actions, or inactions, the actions or inactions of other participants, the condition in which the Program takes place, or the negligence of the Releasees named below.

I, on my own behalf, our personal representatives, assigns, heirs, and next of kin, further agree to release and to hold harmless Cliffs Club Partners, LLC and IT-SPE LLC ("Cliffs") and any of its affiliates or subsidiaries, or successors for the Hosting site (The Cliffs' property on whose premises the Program will occur (hereinafter the "Location")), the affiliates of Cliffs and the respective directors, officers, representatives, members, agents, employees, volunteers, organizers, sponsors, advertisers, owners or lessors of property and their respective affiliates (hereinafter collectively "Releasees") from any and all liability whether caused by negligence of the Releasees or otherwise for any claim, judgment, loss, liability, cost and expenses (including, without limitations, attorney's fees and costs) arising out of or connected with the Program, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic and / or death) that I may incur or sustain during the Program, all activities associated with the Program and while traveling to and from the site for the Program whether or not the Program actually occurs.

I further expressly agree to indemnify and hold harmless Releasees and Releasees' heirs, successors, assigns, executors and administrators against loss from any further claims, demands or actions that may subsequently be brought by me or by any other persons on the account of damages of any character resulting to me in any way from the foregoing activities. I further agree to reimburse and to make good to Releasees any loss, litigations expenses, attorney fees, liability, damage or costs which any Releasee may incur as a result of such claim, to the fullest extent permitted by law.

I, in my own behalf, hereby warrant that I have read this Liability Release in its entirety, fully understand its contents, understand that I have given up substantial rights by signing it and have freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent permitted by law. I agree that if any portion of this Agreement is held to be invalid, or unenforceable for whatever reason, including a change in law, the balance, notwithstanding, shall continue in full force and effect, including inserting terms to give the stricken provision the maximum effect permissible by law.

I, in my own behalf, am aware that this Liability Release releases Releasees from liability and contains an acknowledgment of my voluntary and knowing assumption of the risk of injury or illness. I, in my own behalf further acknowledge that nothing in this Liability Release constitutes a guarantee that the Program will occur. I, in my own behalf have signed this document voluntarily and of my own free will.

Signature _____

Printed Name _____ Date _____



TOUR de CLIFFS MEDICAL INFORMATION & MEDICAL RELEASE

I, _____, on my own behalf, acknowledge and agree that such participation subjects me to possibility of physical illness or injury (minimal, serious, catastrophic and/ or death). In the event of such illness or injury, I authorize _____ and or Cliffs to obtain necessary medical treatment on my own behalf and release and hold harmless Releasees in the exercises of the authority granted herein. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on my behalf for any illness or injury that I may sustain during the Program and while traveling to and from the site for the Program whether or not the Program actually occurs.

I, _____, give permission for me to receive emergency medical or surgical treatment and hospitalization if necessary. I understand that every attempt will be made to contact the emergency contact person below, before taking this action. I will be financially responsible for any medical attention or related bills

I represent that the information that follows is both accurate and complete. Any medications to which I am allergic or medications that I am currently taking are listed below.

THIS INFORMATION WILL BE PROVIDED TO HEALTHCARE PROVIDERS

General

Full Name _____

Address _____ City, State, Zip _____

Sex _____ Age _____ Date of Birth _____ Weight _____

Emergency Contact

Name _____ Relationship _____

Phone _____ Alternate Phone _____

Provider / Insurance:

Name of Health Care Provider (Doctor/Group) _____ Phone _____

Insurance Company _____ Policy Number _____

Policyholder Name _____ Relationship _____

PLEASE PROVIDE A COPY OF INSURANCE CARD FRONT AND BACK

Allergies (Including Reactions)

Current Medications

List of Chronic Illnesses, Medical Conditions, Disabilities

List any special accommodations needed during the Program

Date of Last Tetanus Shot _____

Recent Immunizations, Injuries, Surgical Procedures

Have you traveled outside of the United States within the last six months? Where, when and for how long?

I, _____ on my own, hereby warrant that I have read this Participant Release and Waiver Form in its entirety and fully understand its contents. I, on my own behalf, am aware that this Form releases Releasees from liability and contains an acknowledgment of my voluntary and knowing assumption of the risk of injury or illness. I, on my own behalf, further acknowledge that nothing in this Participant Release and Waiver Form constitutes a guarantee that the Program will occur. I, on my own, have signed this document voluntarily and of my own free will.

Signature _____

Printed Name _____ Date _____