

**55th Annual HI-USA Christmas Bike Trip
Entry Form**

*****Please Note: Registration by mail closes 12-16-2011***
After this date please register by active.com or call (619) 338-9981**

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Your Health Insurance Provider _____

Policy Number _____

Dietary Preferences or Allergies _____

Returning Rider? YES NO If yes, last year that you participated? _____

If No, How did you hear about the ride? _____

Referred by _____

T-Shirt Size: S M L XL 2XL

I have read and agreed to the [Cancellation Policy and Other Bike Information](#)

Signature _____

If Under 18, Parent's or Guardian Signature

Fee \$350

Make check payable to: San Diego Council, HI-USA
739 4th Avenue, Suite 203
San Diego, CA 92101

If paying by Credit Card:

Name on Card: _____

Credit Card Number: _____

Expiration Date: _____

Signature: _____

****PLEASE FILL OUT AND SIGN BOTH SIDES OF THIS FORM AND EITHER MAIL IT BACK OR BRING WITH YOU THE FIRST DAY OF THE RIDE**

SAN DIEGO COUNCIL OF HOSTELLING INTERNATIONAL USA
MEDICAL INFORMATION FORM

Physical activity on a HI-USA bicycling trip can include more than 8 hours of cycling per day. The group may often be bicycling in areas where complete medical care may not be readily available, and where there are sudden changes in meal routine and diet control. Participants may be bicycling in all kinds of weather, sometimes in high altitudes and under rugged conditions. As part of their enrollment, participants must certify below that they are in good mental and physical health and at a fitness level appropriate for this trip by completing this medical information form. If you have any doubts, you should consult your personal physician.

Name _____

Date _____

Birth Date _____

IF YOU ANSWER YES TO ANY OF QUESTIONS BELOW, A DOCTOR'S APPROVAL IS HIGHLY RECOMMENDED.

HAVE YOU EVER BEEN DIAGNOSED WITH:

	Yes	No
Altitude Sickness	_____	_____
Asthma	_____	_____
Diabetes	_____	_____
High Blood Pressure	_____	_____
Stroke	_____	_____
Epilepsy	_____	_____
Hypoglycemia	_____	_____
Migraine Headaches	_____	_____
Shortness of breath	_____	_____
Allergies	_____	_____
Mental Illness	_____	_____

ARE YOU CURRENTLY TAKING ANY PRESCRIBED MEDICATIONS? YES ___ NO ___

Other personal health conditions of which you would like the leader to be aware? _____

Are you mentally and physically able to bicycle an average of 55 miles a day including one day of 100 miles in all types of weather and road conditions? _____

By signing below, I hereby certify that I have taken appropriate measures and consulted my physician if necessary, to ensure that I am in good mental physical health and I am at a fitness level appropriate to participate on this trip. In the case of medical emergency, I authorized the tour leader to grant permission to a physician or hospital to perform emergency medical treatment in such a case where I am unable to grant said permission or parent/guardian of participant (under 18 years of age) cannot be reached. By permitting my participation or the participation of my minor child, HI-USA is not certifying that I or he/she am/is in good mental or physical health or at a fitness level appropriate for the trip. HI-USA will not assume responsibility for anyone's decision to participate in the 2011 Christmas Bicycle Trip, December 26-31, 2011.

Participant Signature or Parent/Guardian: _____

Date: _____

*Please complete both sides of this agreement.

2011 HI-USA CHRISTMAS BICYCLE TRIP

HOLD HARMLESS AGREEMENT

PLEASE READ ENTIRE AGREEMENT BEFORE SIGNING

I have read the terms and regulations of the HI-USA Christmas Bicycle Trip and agree to the conditions governing this trip. In consideration of accepting this entry, I (and my parent or guardian if I am under 18), intending to be legally bound, hereby, for myself, my heirs, executors and administrators, agree to hold harmless, and to waive and release any and all rights, claims and liability of any nature whatsoever, for any damages to or loss of property or personal injuries that occur as result of my participation or the participation of a minor of whom I am a parent/Guardian against Hostelling International-American Youth Hostels, Inc., its leaders, staff, volunteers and agents of the HI-USA Christmas Bicycle Trip. I (we) discharge and release the promoters and their respective agents, employees, boards, commissions and any other municipalities from all liability arising out of or connected in any way with my participation in this event, whether or not caused by the negligence of any of the above parties. I (we) agree to pay and be responsible for all other costs including transportation and cost of emergency calls incurred in the event the applicant is unable to complete the scheduled trip or is expelled from the trip. I (we) understand that I am participating at my own risk and I am aware of the inherent risks and conditions that I may encounter on this trip. I (we) agree to wear an ANSI/Snell approved bicycle helmet on all rides. I (we) agree to provide certification that I am in good mental and physical health and at a fitness level appropriate for participation on this trip. I (we) attest that the bicycle and equipment used on this trip is in good mechanical condition. HI-USA may use photographs, videotapes, and testimonials of participants for use in publicity and promotion materials. BY SIGNING BELOW, I CERTIFY THAT I HAVE READ AND UNDERSTOOD THIS AGREEMENT.

PLEASE PRINT CLEARLY

Name of Participant _____

Home Phone () _____ Emergency Phone () _____

Street Address _____ City _____

State _____ Zip Code _____

In Case of Emergency, Contact:

Name _____ Relationship _____

Phone () _____

Name _____ Relationship _____

Phone () _____

Signature or Parent/Guardian signature: _____

Date: _____