

Tour de Pear Registration Form

Saturday, April 20th, 2024

Bear Creek Park Amphitheater

1520 Siskiyou Blvd, Medford, OR 97504

Rides are supported from the start time of the rides, and stay supported, until 1pm out on the course. at 1pm volunteers on the course will start to breakdown and leave their stations. The finish line will be set up until 3pm.

Riders that are on the course after 1pm and/or finish after 3pm will not be supported.

Complete one form per participant (including Tandem and Children participants)

Name		/	//
	(Last)	(First)	M F (Age)
Address		City	State
Zip	Phone	(We do no share this information with an	yone)
Emergency (Phone	Relation
0 ,	Contact pating in this event - not re	quired)	Relation
Name of Tar	ndem Rider	(Each rider needs their own form)	

Registration fees per rider*. All registrations inlcude ride t-shirt, rest stop & post-ride refreshemnts (unitl 1pm), swag bag and ride support. Post-ride hot food available for purchase until 3pm (included with Royal Riveria Ride)

RIDES	QUANTITY	FEE	TOTAL REGISTRATION FEE Quantity x Fee - Total
Comice - 4 Miles (Family Ride - Cost is per family of four)		\$25.00	\$
Bose - 14 Miles**		\$45.00	\$
Bartlett - 30 Miles**		\$55.00	\$
Royal Riviera - 62 Miles**		\$75.00	\$
**Tandem (partner is 1/2 price for distance)			\$
Total amount enclosed with registration form(s).	\$		

Please indicate size of T-Shirt. Size options will be limited for entries received after March 31st						
SIZE	MEN'S	WOMEN'S	KID's			
S						
М						
L						
XL						
XXL						
XXXL						

Waiver/ Release of Liability

Each participant **MUST** register, read and sign this release in order to participate in this event. In consideration of my participation in the Tour de Pear Ride for a Cause Bike Ride, I hereby agree as follows:

- 1. I hereby release, discharge and agree to hold harmless the Rogue Valley Pear Blossom Association, and its officers, employees, agents and volunteers (the "Association"), the City of Medford and its officers, employees, agents and volunteers (the "City"), and the Bear Creek Greenway Association and its officers, employees, agents and volunteers (the "Greenway") individually and collectively from any and all liability, actions, claims, demands and responsibility whatsoever in law and equity, arising out of or in consequence of my participation in the Pedals 'n Pears Bike Ride, including specifically but without limitation injury and/or death, and property damage, unless the same is caused by the gross negligence of willful misconduct of Association, City or Greenway. It is further understood and agreed that this waiver, release and assumption of risk, is to be binding on my heirs and assigns.
- 2. I specifically acknowledge, by signing below, the potential risk and injury involved in participation in the Pedals 'n Pears Bike Ride and do hereby assume said risk and authorize the Association, City and/or Greenway to arrange emergency medical treatment for me should the same be necessary during the course of the Pedals 'n Pears Bike Ride. I agree I shall be responsible for the cost of any such emergency treatment.
- 3. I understand and agree that Association, City and Greenway are not required to provide medical or hospital insurance coverage for me as a participant in the ride.
- 4. I acknowledge that an ANSI or SNELL certified helmet is required to be worn by me at all times while riding a bicycle in the Pedals 'n Pears Bike Ride.
- 5. All participants under 18 must have this release signed by a parent or guardian to participate in this event no exceptions. All bicycle riders, walkers, and hikers under 18 must be accompanied by an adult and each child/participant are required to submit a completed form signed by their parent/guardian. Parents/guardians are solely responsible to meet and or pick up their children immediately after the ride/hike at the staring location and agree that Association, City and/or Greenway are not responsible or liable in any way for unattended children. The foregoing waiver applies regarding claims in favor of my minor child/children participating in this event.

By signing this waiver, I am acknowledging that I have read it, understood it and agree to the terms herein.

Printed Name of Participant	Signature of Participant	Date
Printed Name of Parent or Guardian	Signature of Parent or Guardian	 Date

Mail Registration (pages 1 and 2) with payment to:

Pear Blossom Festival PO BOX 335 Medford, OR 97501 (541) 499-5643