

LODGE CHOICE (Choose One (1))

- ☐ Twin Peaks Lodge and Hot Springs (Basecamp)
- ☐ Box Canyon Lodge and Hot Springs (Next Door to Twin Peaks)
- ☐ Victorian Inn (Next Door to Twin Peaks)

ROOM TYPE CHOICE (Choose One (1))

- ☐ Single Queen Suites (Occupancy - Min of 1 - Max of 2)
- ☐ King Suites (Occupancy (Occupancy - Min of 2 - Max of 2)
- ☐ Double Queen (Occupancy (Occupancy - Min of 2 - Max of 4)

ROOMMATE CHOICE - List the name of your roommates in the boxes below or type NONE

1st Room Mate Choice - Required

2nd Room Mate Choice - Optional

3rd Room Mate Choice - Optional

After registration we will be in touch to insure all details of your registration is set up as you wish.
Please contact joan@ladyroaddog.com for pricing & arrangements for larger groups

TEAM REQUIREMENTS - It will be left up to the riders to decide what their personal skill level.

Each team will be consist of 2 - 4 riders. Team Name is required. Sponsorships are encouraged.

Summit Challenge Division (Choose One (1))

- ☐ MASTERS Division (Intermediate to Advanced Riders) (Ideal: 2 of each skill level)
- ☐ OPEN Division (Novice to Intermediate Riders) (Ideal: 2 of each skill level)
- ☐ DUO Division (male/female or female/female riding 2-up)

List Your Team Name below or type, I need help finding a team.

Place the name of your 1st Teammate in the box below.

Place the name of your 2nd Teammate in the box below. (If NONE, type NONE)

Place the name of your 3rd Teammate in the box below. (If NONE, type NONE)

Additional Team Questions

Would you like to be assigned to a team? (Check one)

☐ Yes

☐ No

Would you like assistance in finding a sponsor? Yes or No (Check one)

☐ Yes

☐ No

Would your team like to participate in acquiring pledges? Yes or No (Check one)

☐ Yes

☐ No

Participant (Motorcycle Rider) Information (Required)

Street Address: _____
City: _____ State: _____ ZIP: _____
Home/Mobile number: _____

T-Shirt Size: S M L XL 2XL 3XL

Medical Insurance Information (Optional Information)

Providing the SHSC with the following information equips up in case of an emergency.

Name of Insured:

Insured ID Number:

Company Name:

Policy Number:

Group Number:

Customer Service Number:

Medical Conditions we should be aware of (if any)

Emergency Contact Information (Required) (must be someone other than your rider)

1st Name/Relationship and Phone Number

2nd Name/Relationship and Phone Number

Participant Riding Experience

Do you currently own a motorcycle?

☐ Yes

☐ No

Which make/model do you own?

How many years have you had a motorcycle license?

How many years experience do you have riding?

How many miles did you ride last 12 months?

Since you have been riding a motorcycle have there been any periods of time when you have not had access to (or have chosen not to ride) a motorcycle?

☐ Yes

☐ ^ No ^

If yes what is the longest period of time you have not ridden for?

Did you start riding a motorcycle immediately after acquiring your motorcycle licence?

☐ Yes ^

☐ No

If no how long was the gap between acquiring your licence and riding a motorcycle?

What is the largest CC motorcycle you have ridden?

How many years dirt riding experience do you have, if any?

Approximately how many miles per year do you ride a motorcycle?

How many miles are you comfortable riding in a day while touring?

B. TRAINING

7. List the organization you received your endorsement through. Example: MSF, Abate, Harley, DMV

Advanced rider training ^ Other (Please specify in the space below)

General Release, Hold Harmless Agreement for Steel Horse Sisterhood Charities & Lady Road Dog & Co

The undersigned, (hereinafter may be referred to as "I", "me" or "Participant") desires to participate in various programs, events, trips or activities (hereinafter collectively referred to as "Activities") operated, or sponsored by Steel Horse Sisterhood Charities & Lady Road Dog & Co, (hereinafter referred to as the "Committee"). The Participant during all Activities shall collectively be referred to as the "Participant". This document incorporates a release, hold harmless, indemnification and assignment, which may hereinafter be referred to as the "Release."

WHEREAS, as a holder of a valid motorcycle license and member of the motorcycle community, I regularly participate in rides and events; and as consideration for being allowed to participate in the Activities of the Steel Horse Sisterhood Charities & Lady Road Dog & Co, I agree to all the terms and conditions stated herein.

1) I acknowledge that motorcycle activity is a potentially hazardous activity which can be a 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, condition of riders equipment, vehicular traffic, actions of other people including, but not limited to organizers, participants, volunteers, spectators, agents, the Committee and its officers. These risks are not only inherent to riders, but are also present for passengers, spectators and volunteers. I hereby assume all of the risks of participating, viewing and/or volunteering in these Activities. I realize that liability may arise from negligence or carelessness on the part of the persons or entities organizing or conducting these Activities and hereby release them of all possible liability. I certify I am at least 21 years old. I agree that should I bring any civil action against the Committee, and/or its officers and directors that I shall indemnify

and hold harmless the Committee, its officers and directors from all court costs and all attorney fees that result from my action, civil or otherwise.

2) I certify that I am physically fit which includes no known physical or mental impairment and I have prepared for participation in the Activities. I acknowledge that this Release will be used by the Committee, and that it will govern my actions and responsibilities at the Activities. I certify that I am not under the influence of any narcotic, alcohol or other drug that may impair my understanding or judgment and that I will not at any time during the Activities operate my motorcycle under the influence of any narcotic, alcohol or drug. I certify that I have adequate insurance to cover all medical claims, the motorcycle, any other equipment and any damage or liability I may be found responsible for, during all travel to the point of my entry to the Activities, the period between the end of the Activities and my return to my final destination. I further certify that I have all the insurance required by law and I am licensed and competent to operate a motorcycle in a safe manner and my license has all motorcycle endorsements or certificates required by my state of residence.

3) In consideration of the Committee permitting me to participate in these Activities, I hereby on behalf of 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 during the Activities or during my traveling to and from the Activities, the Committee, its directors, officers, employees, organizers, sponsors, representatives, agents, volunteers; and,

b. Indemnify and Hold Harmless the Committee, its directors, officers, employees, organizers, sponsors, representatives, agents, volunteers from any and all liabilities or claims made by me or any other individuals or entities as a result of my participation in the Activities. Accordingly, I do hereby release and discharge the Committee, its officers, directors, employees, organizers, sponsors, representatives and agents, and their officers, agents and its employees from all claims, demands, and causes of action of every kind whatsoever for any death, damages and /or injuries which may result from my participation in the Activities. This waiver, release and indemnification shall be construed broadly to provide a release waiver, and indemnification to the maximum extent permissible under applicable law.

4) I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident and or illnesses during the event(s). I agree to pay for any and all costs related to medical response, treatment and transport on my behalf.

Should an emergency situation arise, in which I should become incapacitated and unable to communicate my wishes concerning medical treatment, and my Emergency Contact cannot be reached,

I do hereby authorize the treatment by a qualified and licensed Medical Doctor in an emergency which, in the opinion of the Committee and/or its agents, may endanger my life, cause disfigurement, physical impairment, or undue discomfort if delayed. This includes surgery, anesthesia, and/or other procedures that the physician may deem necessary.

Living wills and other advance directives are written, legal instructions regarding my preferences for medical care if I am unable to make decisions for myself. If I have a living will or a DNR, I will notify the Committee at registration or before.

This release and authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances.

5) HIPAA Release Authority. When in the process of determining my incapacity, I intend for the Committee, its employees, officers, directors and agents, as my agent to be treated as I would be with respect to my rights regarding the use and disclosure of my individually identifiable health information or other medical records including providing to them a medical opinion about my capacity.

This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (a/k/a HIPAA), 42 USC 1320d and 45 CFR 160-164.

I authorize: any physician, healthcare professional, dentist, health plan, hospital, clinic, laboratory, pharmacy or other covered health care provider, any insurance company and the Medical Information Bureau Inc. or other health care clearinghouse that has provided treatment or services to me or that has paid for or is seeking payment from me for such services to give, disclose and release to my agent, without restriction, all of my individually identifiable health information and medical records regarding any past, present or future medical or mental health condition, to include all information relating to the diagnosis and treatment of HIV/AIDS, sexually transmitted diseases, mental illness and drug or alcohol abuse.

6) I certify I will wear the personal protective equipment while operating my motorcycle during the Activities as may be required by the United States and/or any state in which my participation occurs and that my motorcycle and all required personal protective equipment are in safe operational condition. I agree to abide by the directions/rules given by the organizers of these Activities and understand that my privilege to ride may be removed without refund if I am in violation of the rules set forth or acting/performing in an unsafe manner, or any manner disruptive to the operation of the event(s).

The engine displacement of my motorcycle is at least 650 cc, the minimum size allowed for participation. **The Committee strongly advises each Participant to wear a DOT Approved Helmet.**

7) I agree to pay for all expenses (including, but not limited to basecamp lodging, food, beverages, gasoline, oil, repairs and maintenance and any other costs or expense I may incur) intending that the Committee shall be totally free of such costs and expense.

Exception are when such expenses are included in the price and listed on the Participant ticket.

8) As additional consideration for being allowed to participate in these Activities, I hereby assign to the Committee any claim I have or might have, in contract or in tort in any way, shape, form or fashion arising out of its action, the actions of other riders or anyone that participates in or comes in contact with Participants in the Activities. This assignment is intended by all parties to be a full and complete assignment of any claim I have against the Committee, its, officers, directors, employees, ride organizers, sponsors, volunteers, representatives and agents or may have against entities and individuals listed in this paragraph whether directly or through third parties. The intent of the parties is that the Committee, its officers, directors, employees, ride organizers, sponsors, volunteers, representatives and agents shall be liability free with regard to anything in any way connected with the Activities.

9) This form shall be valid for twelve (12) months from the date it is signed and shall automatically renew for an equal term if it is not expressly withdrawn by either me or the Committee.

10) I warrant to the Committee that I have the authority to execute and accept the terms of this Release and all related documents and it does not in any way conflict, violate or constitute a default under any other agreements, or any other instrument which is binding upon me.

11) I acknowledge and expressly represent and warrant that I have relied solely upon my own judgment, when deciding whether to agree to the terms this Release. I further acknowledge and expressly warrant that no information, statement, promise, representation, warranty, condition, inducement, or agreement of any kind, whether oral or written, made by or on behalf of any other party has been relied upon by it unless specifically contained and incorporated herein.

12) This Release and all rights and obligations hereunder, including matters of construction, validity and performance, shall be governed exclusively by the laws of the State of Colorado, without giving effect to the principles of conflicts of law thereof.

13) The Circuit Court of Larimer County, Colorado shall have exclusive jurisdiction of any dispute regarding this Release and all related issues. I hereby submit myself to this court's jurisdiction. In the event of a lawsuit, I agree not to file any motion or defense asserting that the Circuit Court of Larimer County, Colorado does not have jurisdiction over the parties and the subject matter.

14) DEPOSIT, REFUND AND CANCELLATION POLICY FOR THE STEEL HORSE SISTERHOOD SUMMIT AND MOTORCYCLE TOUR

- **2016 Steel Horse Sisterhood Women's Motorcycle Tour does not provide refunds with the following exceptions:**
 - **In the event of a family or personal medical emergency or personal medical condition.**
 - **If you cannot attend, ticket transfers are encouraged.**
- In the event of cancellation you must notify Steel Horse Sisterhood Charities immediately. PLEASE E-MAIL Jan@SteelHorseSisterhood.com or text 608-335-0852.
- All payments are in US dollars
 - \$1000 US Deposit on All Tours
 - Balance due on March 15th, 2016
- Cancellation and trip interruption insurance, and medical evacuation membership or insurance are strongly advised
- No refunds once Summit or Tour has commenced, June 6th, 2016
- Rain or shine, the tour will commence.
 - Rain, we soak in Hot Tubs and enjoy the Resorts.
 - Shine, We Ride, THEN soak in Hot Tubs and enjoy the Resorts.

15) Cancellation Policy: We reserve the right to cancel the motorcycle tour thirty (30) days before tour starts. 100% refund if we cancel.

17) Personal Release Photo/Video

a) I, the undersigned, hereby grant permission to the Committee to photograph me and record my voice and use my picture, photograph, silhouette and other reproductions of my physical likeness and sound as part of a video documentary (the "Picture") and further to grant permission for the unlimited distribution, advertising, promotion, exhibition and exploitation of the Picture by any method or device now known or hereafter devised in which the same may be used, and/or incorporated and/or exploited.

b) I agree that I will not assert or maintain against you, your successors, assigns and licenses, any claim, suit, or demand of any kind or nature whatsoever including but not limited to, those grounded upon invasion of privacy, rights of publicity or other civil rights, or for any other

reason in connection with your authorized use of my physical likeness and sound in the Picture as herein provided. I hereby release you, your successors, assigns and licensees, and each of them, from and against any and all legal claims, liabilities, demands, actions, causes of action(s), costs and expenses whatsoever, at law or in equity, known or unknown, anticipated or unanticipated, which I had ever had, now have or may, shall hereafter have by reason, matter, cause or thing arising out of your use as herein provided.

c) I affirm that neither I, nor anyone acting for me, gave or agreed to give anything of value to any of your employees or any representative of any television station, network or production entity for arranging my appearance on the Picture.

I have read the foregoing and fully understand the meaning and effect thereof and, intending to be legally bound.

I hereby certify that I have truthfully answered all questions and read ALL pages of this Release in its entirety. My signature below indicates that I fully understand it and agree to abide by its contents

Date:_____

Participant Signature:_____

Passenger Signature:_____

We are committed to providing you with an exciting riding experience.

Although we always urge you to push your comfort zone just a bit, always keep focused and understand your abilities as a motorcyclist.

We advise you to plan carefully before venturing into new areas. Use maps and your GPS system if you are unsure of your navigational skills.

We Thank You for your time in answering this questionnaire and look forward to riding with you in June 2016.