Thousand Islands Tour 2025

Saturday August 16th through Sunday August 24th

Please completely fill out and sign the registration form and waiver then send both to:

Gear-To-Go Tandems 1 Dahinda Rd Saranac Lake, NY 12983-2359

Phone: _____

Tandem make:

Saranac Lake, NY 12983-2359	
Total cost per couple is \$4650	
Deposit of \$600 to hold your spot The deposit is refundable except for \$300 u	ıp to May 17 th
The Balance of \$4050 is due on May 18th	
Cancellations after May 30th are subject to a	a 50% fee if we cannot fill your spot
Please make checks payable to "Gear-To-(
Combined age of team at tour start:	
Participant Info: Captain	Stoker
Name:	_ Name:
Address:	Address: (If Different)
City:	
State: Zip Code:	State: Zip Code:
Phone:	Phone:
E-Mail:	E-Mail:
Emergency Contact:	Emergency Contact:
Name:	_ Name:
Relationship:	_ Relationship:

Phone: _____

Model: _____Year: ____

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Please completely fill out and sign the forms send both to:

Gear-To-Go Tandems, 1 Dahinda Rd, Saranac Lake, NY 12983-2359

Waiver - Release from Liability

I do hereby (for myself, my heirs, and executors) waive all rights and claims for damages which I may have against, and release and indemnify, Gear To Go, Inc., Richard Shapiro, Melinda Ellis, and/or any other personnel associated with the Thousand Islands Tour, of and from any and all such liabilities, claims, actions, damages, costs or expenses, including, but not limited to attorney's fees and disbursements relating to or arising out of my participation in the Thousand Islands Tour. I accept the risk of bicycle touring and do hereby agree that I participate in this event at my own risk. I understand that this release and indemnity agreement includes any claims based on the negligence, action, or inaction of any of the above released parties and covers bodily injury and property damage, suffered by me, during, or after the rally. If I should suffer injury or illness, I authorize the officials of the ride to use their discretion to administer first aid and/or have me transported to a medical facility, and I take full responsibility for this action. I attest and verify that I am physically fit and hereby grant full permission to use any photographs of this event for any purposes whatsoever.

I have read and understand the above release and indemnity.

Print Name	
Signature	Date
Print Name	
Signature	Date