

Santa Barbara Wine Country Cycling Tours

Thank you for choosing Santa Barbara Wine Country Cycling Tours. We recommend that you call our office first **(888) 557-8687** to confirm availability of the tour and dates you have selected. Then, complete both sides of our reservation form and fax or mail it to our office. Once we receive both your signed reservation form and deposit, we will send you your travel packet. Your travel packet includes detailed trip information, ride itineraries, suggested on how to train for your biking vacation and an insurance application. If you fax this form to us, please be sure you fax both sides!

1) Guests

Guest 1:

Name _____

Address _____

Phone: _____ (Day) _____ (Eve.)

Fax: _____ E-mail: _____

2) Trip Departure Date

First Choice: _____

Second Choice: _____

Third Choice: _____

3) How did you hear about Santa Barbara Wine Country Cycling Tours?
Accommodations

Referral from a friend:
___ YES ___ NO

Mailer/Flier: ___ YES
Address

Magazine: ___ YES
___ NO

Internet: ___ YES ___ NO

Other (please indicate)
YES NO

We are traveling together and would like:

___ One Queen or King bed.

___ I would like to share an accommodation with another biker (two double beds).

___ I would like a single accommodation (and I will pay the single supplement* noted for my tour).

*Single supplements are at an add'l charge of \$600. Single supplements must be requested at the time of your reservation. Single rooms are limited and are confirmed based on available space in each hotel. Please note: single rooms may be smaller than double rooms. If you prefer, we can pair you with a same sex roommate at no additional cost, if available. In smaller inns, shared rooms may include a double bed and rollaway bed. Twin rooms are limited.

Guest 2:

Name _____
___ NO

Phone: _____ (Day) _____ (Eve.)

Fax: _____ E-mail: _____

5) Bike Information

To reserve a bike, please complete this section. Bike information must be indicated at the time of your initial reservation. Santa Barbara Wine Country Cycling Tours provides Specialized Allez Sport Road Bicycles at no additional cost. These bicycles have the “drop bars” to allow for numerous hand positions for your comfort.

If reserving one of our bicycles, please indicate below the preferred size of the bicycle. Please feel free to call our office for suggestions on the correct bike size.

I/We would like to reserve # of bikes.

No thanks, I/we will bring # of personal bikes.

Guest 1:

Pedal (circle one):

clipless toe clips/cages my own pedals

Your Height: _____

Frame Size (cm): 50 52 54 56 58
(circle one)

Guest 2:

Pedal Type (circle one):

clipless toe clips/cages my own pedals

Your Height: _____

Frame Size (cm): 50 52 54 56 58
(circle one)

6) Release and Assumption of Risk: *Our release & Assumption of Risk must be signed by all parties that are reserving with Santa Barbara Wine Country Cycling Tours. For children under 18, a parent or guardian must sign on his/her behalf.*

A. Risks and Dangers in Travel and Related Matters. I recognize that the trips and tours offered by Santa Barbara Wine Country Cycling Tours will or may involve travel and activities which are, or may be, inherently dangerous to participants; that travel by public or private conveyance of any sort, or travel on bicycle may result in illness, injury or death which may be caused by, or result from, my own negligence, actions or failure to act of others, including employees or agents of Santa Barbara Wine Country Cycling Tours., by physical exertion for which I am not prepared, consumption of alcohol, medications or drugs, natural events or other causes. I voluntarily accept all such risks. I further agree that I have read all the safety and other rules, regulations and instructions or other material given to me either orally or in writing by Santa Barbara Wine Country Cycling Tours and I will abide by them and all generally accepted rules of safety and behavior, during my trips with Santa Barbara Wine Country Cycling Tours. In connection with bicycle trips offered by Santa Barbara Wine Country Cycling Tours, I agree to wear a bicycle helmet at all times.

B. Acceptance of Risks and Dangers. I voluntarily accept all such, and all related risks.

C. Waiver of Claims against Santa Barbara Wine Country Cycling Tours and Others. In consideration of Santa Barbara Wine Country Cycling Tours permitting myself and/or my family members to participate in the tours and activities provided by it, and persons associated with it, I hereby release Santa Barbara Wine Country Cycling Tours, its owners, agents, servants, employees and independent contractors from any and all claims, demands and liabilities which I now have or in the future may have against it or them which may result from my (or my families) participation in the activities covered by, or related to, this agreement. This release and waiver shall be binding on my, my heirs, executors and administrators and all persons claiming under me.

D. Insurance. I am aware that medical services or facilities may not be readily available or accessible during some of the time in which I am participating in the trip. I am also aware that trip cancellation and medical insurance is being offered to me through a separate insurance agency and that Santa Barbara Wine Country Cycling Tours strongly recommends that I purchase this coverage or obtain such insurance from some independent agency of my own choice

E. Right of Privacy. I hereby grant Santa Barbara Wine Country Cycling Tours the right to take, and use, for promotional and other commercial purposes, photographic and other records of its trips and participants.

F. Governing Law. This Agreement shall be governed by, and interpreted according to, the laws of the State of California and any disputes or claims made under it shall be determined by arbitration as provided by the laws of the State of California.

General. I also acknowledge that I have carefully read Santa Barbara Wine Country Cycling Tour's general information including its policy on canceled trips, refunds and insurance and agree to all stated conditions set forth on the Santa Barbara Wine Country Cycling Tours website. I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and Santa Barbara Wine Country Cycling Tours and/or its

affiliated organizations and I sign it of my own free will and in its entirety.

Our Release & Assumption of Risk must be signed by all parties that are reserving with Santa Barbara Wine Country Cycling Tours. For children under 18, a parent or guardian must sign on his/her behalf.

Guest 1: *I, the undersigned, have read, understand and agree to the Release and Assumption of Risk.*

Printed Name _____ Signature _____ Date _____

Guest 2: *I, the undersigned, have read, understand and agree to the Release and Assumption of Risk.*

Printed Name _____ Signature _____ Date _____

7) Deposit

Tour Date (first choice):

Deposit: \$ 300 per person

Of Travelers:

Total Deposit:

Payment Method (choose one): VISA MASTERCARD AMERICAN EXPRESS Personal Check

Card Number: _____ Exp. Date: _____

Billing Address:

Signature: _____

8) Balance Due

Balance is due 45 days prior to your tour departure date. Santa Barbara Wine Country Cycling Tours accepts: Visa, MasterCard, American Express and personal checks (US Dollars) for both deposit and balance due. Please send in your balance due on time! *If we do not receive your balance due on time, your reservation will be canceled and your space offered to customers on our waiting list.*

I authorize Santa Barbara Wine Country Cycling Tours to charge my final balance due to the credit card noted above, at 45 days prior to my tour departure date.

I will contact Santa Barbara Wine Country Cycling Tours by 45 days prior to my tour departure date and arrange for separate payment of my balance due.

9) Terms & Conditions Agreement (Must be signed by all parties.)

I/We the undersigned have read and agree to the terms and conditions stated on Santa Barbara Wine Country Cycling Tours' website.

Signature _____ Date _____

Signature _____ Date _____

Would you like to be added to our brochure mailing list: [Yes] _____ [No Thanks] _____

MAIL FORM to:

SBWCCT
3630 Segunto, St
Suite C-1
Santa Ynez, CA 93460

Fax Form To:

(805) 693-5610