



**BICYCLE
STORE
RACINE**



PARK TOOL SCHOOL REGISTRATION FORM

Thank you for registering for the Park Tool School.

Class Time: Intermediate Class 6pm - 9pm

Class Location: Trek Bicycle Store Racine

In order to hold your place in the class, payment is required at time of registration.

Tuition fee: \$155.00

Method of payment: Credit Card / Check / Cash

The required textbook for the PTS is the Big Blue Book of Bicycle Repair, Fourth Edition (BBB-4).

Name: _____ **Name to be used in class:** _____

Address: _____

Are you 18 or older? Yes / No (If no, parent or legal guardian must sign waiver on back)

Phone number(s): Day _____ Evening _____ Cell _____

Email: _____

Check here if you desire the email address to be used for class communication only.

Brand and model of bike used for class: _____

Type(s) of riding you do most: _____

EMERGENCY CONTACT AND HEALTH CONCERNS

Emergency contact must be available during class hours.

Contact: _____ **Phone:** _____

Health concerns you wish to share (allergies, etc.): _____

CANCELLATION POLICY

If the Bike Store must cancel a class for any reason, we will offer a refund or a position in a future class at our discretion. We

If you wish to cancel your registration, the store will fully refund tuition for 14 days before the class. After that time, we are unable to refund any part of the tuition.

We are unable to adjust or prorate the tuition for students that are unable to attend all the sessions.

RELEASE AND WAIVER FORM

I understand and am aware that there are inherent risks in the sport of bicycling, including injury and death. I understand that this class is a partial review of bicycle maintenance and does not cover every aspect of cycling technology, material, or procedure that may cause a mishap.

Initial _____

I understand and am aware that professional service is available for any service required on my bike, and I choose to perform this maintenance myself.

Initial _____

I understand and am aware that there are inherent risks in performing mechanical procedures to myself, including but not limited to bruises, contusions, lacerations, abrasions, and cuts. I freely agree to assume full responsibility for the risks involved.

Initial _____

I have carefully read this agreement and fully understand the release of liability provision it contains. I am aware that this is a release of liability. I sign it of my own free will.

Signature of participant _____

Date _____

Signature of legal guardian (if under 18 years of age) _____

Date _____