

Indiana & Cambria Counties' Seat to Seat Bike Ride

Saturday, September 20, 2025

Ride starts at 10 AM at Young Peoples Community Center (YPCC) Trailhead in Ebensburg (424 Prave Street, Ebensburg 15931).

A one-way shuttle from Indiana to Ebensburg leaves at 9 AM sharp from the Indiana Borough 8th Street Lot located at 8th & Church Streets in Indiana



REGISTRATION FORM

PLEASE COMPLETE ONE REGISTRATION FORM PER PARTICIPANT

PARTICIPANT'S INFORMATION (required)

| | | | |
|---------------|-----|---|--|
| Name | | Group Name (if payment is made for multiple participants) | |
| Address | | | |
| City | Zip | Contact Phone # | |
| Email Address | | | |

EMERGENCY CONTACT INFORMATION (required)

| | |
|------|-----------------|
| Name | Contact Phone # |
|------|-----------------|

| | | | | | | |
|--|--|----|-----|----|------|---------|
| Rider Registration with one (1) Long Sleeve T-shirt | T-shirt Size: SM <input type="checkbox"/> MED <input type="checkbox"/> LG <input type="checkbox"/> XL <input type="checkbox"/> | | | | \$35 | |
| Additional Long Sleeve T-shirts | T-shirt Size: | SM | MED | LG | XL | \$25/ea |
| | Quantity | | | | | \$ |
| Yes, I would like to catch the Shuttle Ride to Ebensburg <i>Shuttle departs 9 AM sharp from the 8th Street Lot in Indiana Borough</i> | | | | | | FREE |
| Yes, I would like to secure my bike in Ebensburg <i>Secure bike storage will be available in the box trailer near the YPCC Trailhead on 9/19, from 6 PM to 8 PM. Trailer to be unlocked at 7:30 AM on 9/20 for pick up.</i> | | | | | | FREE |

| | | |
|--|------------|----|
| I am paying by <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD | AMOUNT DUE | \$ |
|--|------------|----|

Credit card transactions incur a \$3 fee, or 2.65% for transactions over \$114. Avoid fees by paying with cash or check

- Checks:** Make checks payable to Indiana County. You can submit your check, registration form(s), and signed release form(s) in person or by mail to: Indiana County Office of Planning & Development 801 Water Street Indiana, PA 15701 ATTENTION: SEAT TO SEAT
- Cash:** Please deliver your cash payment, registration form(s), and signed release form(s) in person to the address above. *Please do not mail cash.*
- Online Payments:** Once you've emailed your registration form(s) to scottyack@ceo.co.indiana.pa.us we'll send you a confirmation email / invoice with further instructions.

Important Info

- ▶ **The Registration Fee is Non-Refundable.** If you are no longer able to participate and have already registered, your registration fee will be considered a donation to the Trails. Shirts and race swag must be picked up at the Main Tent on the day of the event. Items will not be held or mailed.
- ▶ Please register by September 8th to guarantee your event T-shirt and swag.
- ▶ If you are paying by credit card, please email your completed Registration Form(s) to scottyack@ceo.co.indiana.pa.us first. We will then send you a confirmation email / invoice along with a link to our payment site.
- ▶ If you are using one credit card for multiple registrations, please indicate a Group Name to ensure each person in your group gets their event T-shirt and swag.
- ▶ **Release forms must be signed before you start your ride.** You can bring your signed Release Form to the Main Tent when you arrive, or sign one there as extra copies will be available.
- ▶ Hotel rooms are subject to availability. Please note the following reservation deadlines:
 - **Hilton Garden Inn:** Wednesday, August 20th
 - **Ramada by Wyndham:** Monday, September 15th
 - **Quality Inn & Suites:** Friday, September 19th
- ▶ If you need assistance or have any questions, please feel free to contact us

| | | |
|---|--|--------------|
| Josh Krug, AICP – Deputy Director, Planning Section | jkrug@ceo.co.indiana.pa.us | 724-465-3877 |
| Scott Yackuboskey – Senior Planner | scottyack@ceo.co.indiana.pa.us | 724-465-3162 |

- ▶ The ride kicks off at 10 AM on September 20th from the YPCC Trailhead (424 Prave Street, Ebensburg 15931).
For your convenience, you can drop off bikes for storage on September 19th, from 6 PM to 8 PM, at a box trailer near the trailhead. The trailer will be unlocked for bike pick-up at 7:30 AM on September 20th. All bikes left at the trailhead will be monitored starting at 7:30 AM on September 20th.

| FOR ADMIN USE ONLY | |
|--------------------|-----------|
| LAST NAME | |
| GROUP NAME | PARTY OF: |
| CHECK # | |
| CC TRANSACTION # | |
| CASH | |
| RELEASE SIGNED? | |
| T-SHIRT(S) GIVEN? | |

RELEASE FROM LIABILITY DISCLAIMER

By signing this release, I acknowledge and agree to the following:

- I. **Assumption of Risk:** I understand that participating in the Indiana & Cambria Counties Seat to Seat Ride involves inherent risks, including but not limited to:
- Injuries caused by falls, collisions with other riders, vehicles, or objects
 - Road hazards such as potholes, debris, or changing road conditions
 - Adverse weather conditions
 - Physical exertion and the potential for heat-related illnesses
- II. **Helmet Use:** I understand that wearing a properly fitted bicycle helmet is strongly recommended to reduce the risk of head injury. I assume full responsibility for my decision to wear or not wear a helmet.
- III. **Waiver of Liability:** I voluntarily assume all risks associated with participating in the ride and hereby release, waive, and discharge the ride organizers, sponsors, volunteers, and any other involved parties from any and all liability for any and all claims, demands, actions, damages, or injuries, including death, that may arise out of or in connection with my participation in the ride.
- IV. **Indemnification:** I agree to indemnify and hold harmless the ride organizers, sponsors, volunteers, and any other involved parties from any and all claims, damages, or liabilities arising out of my participation in the ride.
- V. **Medical Consent:** I certify that I am physically fit to participate in this event and have not been advised otherwise by a qualified medical professional. I authorize emergency medical treatment in the event of an accident or illness.
- VI. **Photography and Publicity:** I grant permission for my name, image, and likeness to be used for promotional purposes related to the ride.

I HAVE READ AND UNDERSTAND THIS RELEASE AND AGREE TO ITS TERMS.

Participant's Name (PLEASE PRINT): _____

Participants Signature: _____ Date: _____

FOR PARTICIPANTS UNDER THE AGE OF 18

Parent or Guardian's Name (PLEASE PRINT): _____

Parent or Guardian's Signature: _____ Date: _____