

# Entry Form

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Age \_\_\_\_\_

Check one:  Bike  Walk

## Entry Fees

Individual Registrations \_\_\_\_\_ @ \$15.00 = \$ \_\_\_\_\_

Family Registrations (per person) \_\_\_\_\_ @ \$10.00 = \$ \_\_\_\_\_

Registration after Sept.28th \_\_\_\_\_ @ \$20.00 = \$ \_\_\_\_\_

Non-Rider Donation (we appreciate all donations) \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

### Please make checks payable to:

Fort Lee Education Foundation

### Mail to:

Tour de Fort Lee

c/o Fort Lee Education Foundation

210 Whiteman Street

Fort Lee, NJ 07024

### HELMETS REQUIRED for all cyclists

#### SCHEDULE

7:30 am Registration Begins

9:00 am Tour de Fort Lee Begins

11:00 am Celebration begins at Fort Lee Community Center

For the safety of the cyclists the Fort Lee Police will provide traffic control for the length of the tour. Water will be supplied along the way for the cyclists' comfort. Medical support will be on hand also.

### RELEASE OF LIABILITY

I acknowledge that participating in the Tour de Fort Lee Bicycle Ride/Walk (the "Tour") is a potentially hazardous activity and that I should not enter and participate in any manner unless I am medically and physically able and properly trained. I further acknowledge that I and I alone, am solely responsible for my personal health and safety and the personal property I bring with me. I understand that I will be using public streets and facilities where hazardous may exist and I am aware and appreciate the risks that may result. I am also aware that accidents may occur during the Tour and that I may be seriously injured as a result.

I verify that I am physically fit and my physical condition has been, or will be, verified prior to the Tour by a licensed medical practitioner. If I am a participant, I verify that I have or will train sufficiently to participate in the Tour. If, however, as a result of my participation in the Tour, I require medical attention, I give my consent to the authorized medical personnel of the Tour to provide such medical care as is deemed necessary by such authorized personnel. I also understand that I will be financially responsible for the cost of any medical treatment. I verify that I have adequate medical insurance or will have such insurance at the time of the Tour.

I will abide by all rules and regulations established by the Tour organizers and personnel as well as State and local vehicle codes. I agree to wear a properly fitted and adjusted ASTM/ANSI/CPSC or Snell certified helmet while riding a bicycle.

In consideration of your acceptance of this entry, I intend to be legally bound for myself, my heirs, assign, next of kin, personal representatives, executors and administrators, waive and release Fort Lee Education Foundation, Tour de Fort Lee and the Borough of Fort Lee, and all of the organizers, service providers, participating clubs, organizations and all respective representatives, successors, directors, officers, agents, employees, members and assigns from any and all liability and claims arising from injury, death, illness, property damage or any loss suffered or sustained by me, which is any way associated with my participation in travel to and from or any activity associated in any way, (whether foreseeable or not), with the Tour including but not limited to the Tour itself.

I certify that I am at least 18 years of age. I certify that if I am not 18 years of age, I certify that my legal guardian has read the aforementioned release and waiver and agrees to the terms of the same and will execute the same below.

Participant \_\_\_\_\_

Legal Guardian or Relationship of legal Guardian  
(If Participant is under the age of 18) (All Participants must be over the age of 12 to participate in the Tour)