REGISTRATION FORM • ONE PER PERSON • PLEASE PRINT • YOUR REGISTRATION MUST INCLUDE SIGNED WAIVER.

Fax, mail, and online registration must be received by April 23. After that date, there is only in-person registration (subject to availability).

Registration form with waiver may be photocopied. Also see on-line registration instructions above.

If you received your registration by mail, remove the peel off label and affix below. Make required address corrections.

Using **black or blue ink only**, fill out the registration form completely and SIGN THE WAIVER. Print clearly. Your rider vest will be mailed to the address you put on this form.

✉ **Mail to:** Bike New York, P.O. Box 310387, Brooklyn, NY 11231-0387.
Fax to: 718-522-4027 or 718-522-4028 (Payment by credit card only). We cannot verify receipt of your fax. Please print a verification report from your fax. If it states "no errors" we received it.

Incomplete form without waiver signed will be returned.

FIRST NAME (ONE FORM PER PERSON — PLEASE PRINT) LAST NAME

COMPANY NAME OR CARE OF

Peel and Apply Address Label Here

ADDRESS APT #

CITY STATE ZIP

( ) ( )

TELEPHONE (DAY) TELEPHONE (EVENING)

E-MAIL ADDRESS

Year of Birth: _____ Sex: ○ M ○ F ○ This is my first Five Boro Bike Tour

REGISTRATION PAYMENT: (Check one. Event fees are non-refundable.)

○ Early $42 each by April 6 ○ Advance $47 each by April 7-29 ○ Late $55 each by April 30-May 5
○ Youth-Age 14 and under $25 each

VIP Registration is available online only. See above.

Payable to BIKE NEW YORK: ○ Check ○ Money Order
Credit Card: ○ VISA ○ Mastercard

CREDIT CARD NUMBER (All credit card payments must include credit card number and signature)
EXPIRATION DATE (Very Important!)

M M / Y Y

NAME ON CARD (PRINT)

AUTHORIZED SIGNATURE

Name of person making payment if other than yourself _____

Please send me:

○ Tour volunteer information ○ Tour Corps ○ Marshal

○ Five Borough Bicycle Club Information (NYC Residents Only)

○ Occasionally we make our list available to cycling groups and non-profits. If you do not want this service please check here.

PLEASE SIGN THE WAIVER AND RETURN WITH REGISTRATION

FIVE BORO BIKE TOUR 2007 WAIVER

In consideration of your acceptance of my application for participation in the Five Boro Bike Tour on Sunday, May 6, 2007, I the undersigned, for myself, my heirs, executors, administrators and assigns, waive and release any and all claims for damages, for death, personal injury or loss of property, I may have or which may accrue to me as a result of my participation in the Five Boro Bike Tour. I, the undersigned, discharge and release Bike New York Inc., Hostelling International-American Youth Hostels, the City of New York, The New York City Department of Transportation, the Five Borough Bicycle Club, the Metropolitan Transportation Authority and all other sponsoring agencies, governmental entities, businesses and organizations, and their respective agents, boards, trustees, directors, officers, subsidiaries, affiliates, parent companies, commissions and any other involved municipalities, and employees and representatives of the foregoing, from all liability arising out of or connected in any way with my participation in this event, whether or not caused by the negligence of any of the above parties. I acknowledge that the Five Boro Bike Tour contains risks, including the risks of falling, collision with other bicyclists, motor vehicles, or stationary objects, and the conditions of the road. My participation is voluntary and done at my own risk. I voluntarily assume all risks of loss, damage or injury that may be sustained while participating in this event. I attest that I am sufficiently trained for the completion of this event. I recognize that an event of this nature can be physically demanding. I acknowledge the sponsorís recommendation that I consult with a physician regarding the advisability of my participation in this activity. I understand and agree that medical or other services rendered to me by or at the insistence of any of the above parties is not an admission of liability to provide or to continue to provide any such services, and is not a waiver by any of said parties of any right hereunder. I understand that serious accidents occasionally occur during the Five Boro Bike Tour, and that participants in this event may sustain mortal or serious injury as a consequence thereof. Nevertheless, I agree to assume these risks and to release and hold harmless all of the persons mentioned above who might otherwise be liable to me for damages. I grant to the Five Boro Bike Tour Physician Medical Director and his designee access to my medical records and physicians relating to the medical care that may be administered to me as a result of my participation in the Five Boro Bike Tour. I attest that the equipment that I will use in this event is in good mechanical condition. I UNDERSTAND THAT BICYCLE HELMETS CAN PREVENT SERIOUS INJURY AND I AGREE TO WEAR ONE WHILE PARTICIPATING IN THIS EVENT. I agree to wear the 2007 rider vest to identify myself as a registered participant. I agree to abide by the rules of the event as established by the promoting organization and to obey the directions of the officials. I hereby grant full permission to Bike New York, Inc. to use photographs, videotapes, motion pictures, or any other record of this event including my name, likeness, and voice for any legitimate purpose. I have read and understand everything written above, and I voluntarily sign this agreement.

SIGNATURE OF PARTICIPANT (FOR RIDERS UNDER AGE 18) DATE

SIGNATURE OF PARENT/GUARDIAN (FOR RIDERS UNDER AGE OF 18) DATE