REGISTRATION FORM

FIRST NAME:	LAST NAME:
ADDRESS:	
CITY:	STATE: ZIP:
HOME PHONE	CELL PHONE
E-MAIL:	
	OCCUPATION: icipants 60 and older. IZE (club fit) S M L XL XXL
How many miles did you cycle last	y Bicycle? year? umni?
CHECK TOUR AND YE	CAR: □ 2012 □ 2013
☐ Winter Oasis Tour	
☐ Fast America South (2012)	
☐ Fast South West (2012)	☐ Fast South Central (2012)
☐ Fast South East (2012)	(2012)
☐ The Great Mississippi River Ri	
☐ Great Southern River Ride (☐ Great Northern River Ride (
☐ The Cross Country Challenge	2012)
☐ Western States Tour	☐ Rocky Mountain Tour
☐ Tour de Plains	☐ Heartland Tour
Country Mileage Tour	☐ Eastern States Tour
☐ Across America North	
☐ The Northwestern Tour	☐ The Northern Rockies Ride
☐ The Badlands Ride	The Northern Tier Tour
☐ The New England Meander	
☐ The Great Lakes Ride	D. Laba Outania
☐ Lake Erie☐ Ride The East (2012)	☐ Lake Ontario
☐ Northern Leg (2012)	☐ Central Leg (2012)
□ Southern Leg (2012)	
☐ Ride The West	
☐ Northern Leg	☐ Central Leg
☐ Southern Leg	-
☐ Maine Foliage Tour	☐ The Fall Foliage Classic
☐ Fast America Ride (2013)	
☐ Fast West (2013) ☐ Fast East (2013)	☐ Fast Central (2013)
☐ Triple Occupancy ☐ Double Oc Roommate Preference (If	Any):
Chronic Snorers or	r CPAP User – Single Occupancy Required

WAIVER, RELEASE AND CONSENT

In consideration for allowing my participation in an America by Bicycle, Inc. event, I freely agree to and make the following contractual statements and agreements.

Risks of Bicycling: I fully realize and appreciate the dangers of riding a bicycle on open public roads and fully assume the risks associated with this activity including, by way of example but not limitation, the dangers of collision with pedestrians, vehicles, other cyclists, and fixed or moving objects; the dangers arising from surface hazards, pot holes, broken roads, equipment failure, inadequate safety equipment, and weather conditions; and the possibility of serious physical and/or mental trauma or injury associated with bicycle related mishaps. I understand that potentially dangerous situations may arise during the event which are beyond the control of America by Bicycle, Inc. Knowing these risks involved, I nevertheless agree to assume those risks and to release all the persons or entities mentioned below for any injury, death, illness or property damages occurred on these tours or in the travel to and from these tours.

Responsibilities of Bicyclist: I attest I will be riding at my own risk and release the aforementioned entities from liabilities for any injury, death, damages which may occur to me or anyone else. I further understand that if I leave before the posted daily starting time or bicycle a course different than mapped, or marked, that I will not receive the services as published or advertised. I further attest that I am physically fit and have sufficiently trained for the completion of the America by Bicycle, Inc. tour entered or will be subject to early termination at America by Bicycle, Inc.'s discretion if I'm unable to cycle at the standard of the tour. I also agree to wear a CPSC approved bicycle helmet at all times when riding a bicycle during this event. I also agree to have adequate medical insurance coverage for the duration of the entered America by Bicycle, Inc. tour. I consent to and permit emergency medical treatment in the event of injury or illness. I attest that I will abide by the rules and regulations of these tours, and all state and local municipal laws applicable, including vehicle laws and practice safety in bicycling. I understand America by Bicycle, Inc. reserves the right to suspend the tour for participants unwilling to ride in a safe manner or displaying unacceptable behavior as defined by America by Bicycle, Inc.. America by Bicycle, Inc. may change or cancel tours (with refunds) for various reasons.

Release: Having read the foregoing material, I hereby waive, release, and discharge, for myself, my heirs, my executors, administrators, successors, and assigns, any rights or claims which I have or may hereafter accrue to me against the officers, employees, owners, volunteers and staff of America by Bicycle, Inc., participating clubs, sponsoring businesses and organizations, and the cause(s) for which I am raising funds, if any, for any and all damages which may be sustained by me directly or indirectly in connection with my participation in this event subject to New Hampshire law.

<u>Cancellation Policy</u>: I hereby have read, agree and understand the America by Bicycle, Inc. cancellation policy.

America by Bicycle, Inc.: Cannot be held responsible for increases in tour prices, change in itinerary or tour cancellation or refund of airline/travel fees for said reasons. Additionally, America by Bicycle, Inc. cannot be held liable for theft or loss of any personal gear including bicycle. I also grant full permission for use of my name, photograph, videotape, motion picture, recordings and evaluations in connection with this event. All America by Bicycle, Inc. route sheets, maps and/or directions, distributed at any AbB tour is privileged information, and all contents ©2012. This document may not be modified. Reproduction by permission only.

Signature	
Name (Print)	Date

America by Bicycle, Inc.

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E-Mail: registration@americabybicycle.com or abbike@aol.com americabybicycle.com

To Register: Mail this form with \$250.00 non-refundable, non-transferable tour deposit to the America by Bicycle office in New Hampshire or Register online instantly with a credit card at americabybicycle.com