



Registration Form

EACH TEAM MEMBER MUST complete
and sign individual registration form

1 Contact Information

Entrants Name _____

Email Address _____

Phone _____

Address _____

City _____ State _____ Zip _____

Check Box if You Are Part of a Team

Team Name _____

2 Registration

Online Registration

BikeReg.com or tourofthelitchfieldhills.com

Adults - \$45 if pre-register by July 25

Adults - \$50 if pre-register after July 25

Day of Registration

Registration Opens 6:00 am

Coe Park, Torrington, Ct, at the Intersection of Main Street
and Route 202, Downtown Torrington

Registration Fee

Waived if Over \$100 Per Participant is Raised/Collected

- adults \$50.00
- children \$15.00
- family of five or less \$100.00

3 Total

Fee \$ _____ Donation \$ _____ = Total \$ _____

Make Checks Payable to "Tour Of The Litchfield Hills"

No mail in pre-registrations. Pre-register on-line at Bike Reg or bring your registration with you to the park the morning of the Tour.

We do not limit registrants and have more than enough staff at the park on the morning of the event to handle "day-of" registrations."

Donations are Non-Refundable

4 I Will Walk or Ride

Route	Start Time
<input type="checkbox"/> bike 12 mile	10:00 am
<input type="checkbox"/> bike 30 mile	9:00 am
<input type="checkbox"/> bike 55 mile	8:00 am
<input type="checkbox"/> bike 75 mile	8:00 am
<input type="checkbox"/> bike 100 mile	7:00 am

Route	Start Time
<input type="checkbox"/> walk 2.4 mile	10:15 am
<input type="checkbox"/> walk 4.2 mile	10:15 am
<input type="checkbox"/> walk 6 mile	10:15 am

5 Waiver and Release

Participant must sign to participate in the Tour.

I affirm that I am a voluntary participant in this event and in good physical condition. I realize that the event is a potentially hazardous activity, in which I agree to participate at my own risk. I hereby release and hold harmless The Center For Cancer Care Fund, Inc., its affiliates and any affiliated individuals, from any liability arising from accident or injury, which may occur during my participation in this event. I agree to release and hold harmless The Center For Cancer Care Fund, Inc. its affiliates and affiliated individuals for any loss, damage, personal injury or claims arising out of this event, including but not limited to injuries and damages caused by falls, contact with other participants, course conditions, or any negligence of the Fund and its affiliates. I hereby agree to release and hold harmless the Tour of the Litchfield Hills, any involved municipalities, officers, members, agents, sponsors from any liability resulting from accident or injury, which may occur during my participation in this event. I agree to release and hold harmless the Tour of the Litchfield Hills, any involved municipalities, officers, members, agents and /or sponsors for any loss, damage, personal injury or claims arising out of this event, including but not limited to injuries and damages caused by falls, contact with other participants, course conditions, or any negligence of the Tour, its sponsors, agents or employees. I agree to follow all of the rules of the event. I understand that if I do not follow the rules, I will not be permitted to participate in the event. I hereby give my permission to the Tour of the Litchfield Hills, its local affiliates and sponsors, to use my photograph, video image or audio recordings made during the event. I have been strongly advised to wear a helmet during my participation in the Tour of the Litchfield Hills.

Signature Required

(Parent's or Guardian's Signature if Under Age 18).

Sign Here!
