



15th ANNUAL TOUR DE ELIZABETH APPLICATION

PRINT APPLICATION AND SEND WITH FEE TO GROUNDWORK ELIZABETH (address shown below)

OR REGISTER ONLINE AT:

www.groundworkelizabeth.org, www.elizabethnj.org, or www.brownpapertickets.com

Join Mayor Chris Bollwage and Groundwork Elizabeth on May 20, 2018 for the 15th Annual Tour de Elizabeth. The 15-mile cycling event welcomes all skill levels and is hosted by the City, Groundwork Elizabeth, Union County Board of Chosen Freeholders HEART Grant Program, Greater Elizabeth Chamber of Commerce, EDMO, the Elizabeth Avenue Partnership, the Historic Midtown Special Improvement District, the Elizabeth Development Company's Urban Enterprise Zone Program and Shaping Elizabeth.

In partnership with  Elizabethtown Gas

RIDE STARTS @ 50 Winfield Scott Plaza, Elizabeth, NJ, 07201 in front of Elizabeth City Hall

First Name _____ Last Name _____

Street Address _____

City, State, Zip Code _____

Applicant Age _____ Telephone _____

Email _____

Please Check Rider Group: Fast Road: _____ Moderate: _____ Family: _____

FREE PARKING AVAILABLE or RIDE YOUR BIKE TO EVENT

HELMETS ARE REQUIRED, pre-registered participants receive HAT and TSHIRT

(NOTE: bicycles equipped with training wheels are *not permitted*)

FEES: Early Bird Special (Until April 6th) \$20.00 Individual Admission \$25.00 Group 5+ \$20.00

Make checks payable to: Groundwork Elizabeth

Mail application and check to: Groundwork Elizabeth, 205 First St, Elizabeth, NJ 07206

- **Must sign in on day of event**
- **Registration opens 7:30am**
- **Ride begins 9:00 AM sharp!**

I acknowledge that participating in the Tour de Elizabeth Bicycle Ride is a potentially hazardous activity and that I should not enter and participate in any manner unless I am medically and physically able and 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 hazards 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 rider, I verify that I have or will train sufficiently to participate in the Tour. I, as a result of my participation in the Tour require medical attention. I have 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 regulation 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 which riding. In consideration of acceptance of this entry, I intend to be legally bound for myself, my heirs, assign, next of kin, personal representative, executors and administrators, waive and release, Groundwork Elizabeth, the Tour de Elizabeth and the City of Elizabeth, their organizers, volunteers, designated beneficiaries, sponsors, officials, service providers, participating clubs, organizations, and all of their respective representatives, successors, directors, officers, agents, employees, member and assigns from 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. 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 waiver and agrees to the terms of the same and will execute the same below.

Participant _____ Legal Guardian & Relationship to Rider: _____

