

# Heritage Explorer Bike Tour

## Registration Form

[www.heritageexplorer.org/biketour](http://www.heritageexplorer.org/biketour)

Please print the following information:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

		On or before 5/14/10	/	Late & On-Site	=	
<b>Friday Night Kick-Off Party</b>	_____	x		\$15		\$ _____
<b>Bike Tour</b> Senior (55+)	_____	x		\$15		\$ _____
Adult (includes 2 children under 16)	_____	x		\$20		\$ _____
Family (includes 2 adults, 4 children)	_____	x		\$35		\$ _____
Team (up to 6 adults, age 16 & up)	_____	x		\$80		\$ _____
<b>TOTAL ENCLOSED</b>						<b>\$ _____</b>

Each pre-registered participant will receive a Bike Tour t-shirt. Each pre-registered child 12 and under will receive a bike helmet. *Sorry, we cannot guarantee t-shirt & helmet availability to those who register after 5/14/10.*

**Select Shirt size (enter quantity needed of each size):**

Sm \_\_\_\_\_ Med \_\_\_\_\_ Lg \_\_\_\_\_ XL \_\_\_\_\_ XXL \_\_\_\_\_

**Select Helmet size for children 12 and under (enter quantity needed of each size):**

Toddler	19" – 20.5"	# male _____	# female _____
Child (5–8 yrs)	19 3/4" – 21 1/4"	# male _____	# female _____
Youth (8+ yrs)	21 – 22.5"	# male _____	# female _____
Adult S/M	21 – 22.5"	unisex _____	
Adult M/L	22 – 23.5"	unisex _____	

**Please return completed form with check or money order (made out to "Leadership Lackawanna") to:**

Leadership Lackawanna  
Heritage Explorer Bike Tour  
P.O. Box 431  
Scranton, PA 18501

### WAIVER

I hereby release and discharge Leadership Lackawanna, the Lackawanna Heritage Valley Authority, tour sponsors, employees, and volunteers from all claims, demands and actions which I may have or my heirs, executors, or assigns may have against them for all personal injuries and injuries to personal property caused by, or arising out of the Heritage Explorer Bike Tour.

I have read this release and understand all of its term. I acknowledge the inherent dangers involved in bicycling. I accept responsibility for the risks involved in bicycling, including the possibility of incurring injuries caused by other participants, motorists, the rigors of the sport, the road, and weather conditions. I voluntarily execute this release with full knowledge that I will not be able to hold any of the foregoing entities liable for such injuries or death. I also understand that entry fees I pay are non-refundable. ALL adult participants (and/or guardians) must sign.

*List each participant's name. Each participant must sign (if under 18, parent or guardian must sign).*

Print Name	Signature	Date
1. _____	X _____	_____
2. _____	X _____	_____
3. _____	X _____	_____
4. _____	X _____	_____
5. _____	X _____	_____
6. _____	X _____	_____