



We're happy to invite you to ride in the TD Bank Five Boro Bike Tour as part of an official charity group. To register for the Tour, fill out the information below using blue or black ink and sign the registration waiver form.

PLEASE RETURN THE ORIGINAL COMPLETED FORM TO THE PERSON FROM WHOM YOU RECEIVED IT

Deadline for completion and return: April 16.

No faxed returns or photocopies of this complimentary registration will be accepted.

You'll receive a TD Bank Five Boro Bike Tour participant vest, your rider number and the Official Tour Program either by mail or hand delivered, after your registration form with the signed waiver has been returned. **Have a good ride!**

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

COMPANY NAME OR CARE OF _____

ADDRESS _____ APT# _____

CITY _____ STATE _____ ZIP _____

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TELEPHONE (DAY) _____ TELEPHONE (EVENING) _____ CELL PHONE _____

E-MAIL ADDRESS _____

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

A-T Ease Foundation

NAME OF CHARITY YOU ARE SUPPORTING _____

BIKE NEW YORK STAFF CONTACT (IF APPLICABLE) _____



TD BANK FIVE BORO BIKE TOUR 2010 WAIVER

In consideration of your acceptance of my application for participation in the TD Bank Five Boro Bike Tour on Sunday, May 2, 2010, 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 TD Bank Five Boro Bike Tour. I, the undersigned, discharge and release Bike New York Inc., the City of New York, The New York City Department of Transportation, the Metropolitan Transportation Authority, TD Bank, N.A., 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 TD Bank 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 sponsor's 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 TD Bank 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 TD Bank 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 TD Bank 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 2010 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 hereby acknowledge and agree that, to the fullest extent permitted by applicable law, the payment submitted in connection with my application for participation in the event is not refundable under all circumstances, including cancellation of the event due to no fault of Bike New York, Inc. I have read and understand everything written above, and I voluntarily sign this agreement.

SIGNATURE OF PARTICIPANT _____ DATE _____

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