EAST COAST GREENWAY WEEK-A-YEAR TOUR

PORTLAND, ME TO HARTFORD, CT, August 19-25, 2012

Participant Information:

Name(s) _____

Address _____

Phone _____ Cell _____

Email _____ T-shirt size(s): _____

Are any participants from your household under 18? _____

Emergency Contacts: (Please provide 2 emergency contacts, at least 1 who is not on the tour)

Name _____ Phone _____

Name _____ Phone _____

Non-refundable Deposit ($100 per participant is due at time of registration)**:**

☐ I am enclosing a check ☐ Charge my credit card

Card Number_____ Expiration Date _____

Name on Card _____ Signature _____

Liability Waiver: (*Each participant in a household must sign. Parental signature is required for children under 18.)*

I agree and acknowledge that I am undertaking participation in the *East Coast Greenway Week- a-Year Tour: Portland, ME to Hartford, CT Bike Ride* as my own free and intentional act and I am aware that possible physical injury might occur to me as a result of my participation in these activities. I agree to assume all risks and to release and hold harmless the ECGA, its directors, officers, employees, and members. I give this acknowledgement freely and knowingly that I am physically capable of participating in this ride and do hereby assume responsibility for my own well-being. If am aware of or under treatment for any physical infirmity, ailment, or illness, my medical care provider knows of and has approved my participation in this ride.

_____	_____	_____
Signature	Printed Name	Date
_____	_____	_____
Signature	Printed Name	Date

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