



# 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 touroffthelitchfieldhills.com

### Preregistration

Individual Deadlines/Postmarked by July 28

Team Deadlines/Postmarked by July 28

### 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 \$35.00
- children \$15.00
- family of five or less \$50.00

## 3 Total

Fee \$\_\_\_\_\_ Donation \$\_\_\_\_\_ = Total \$\_\_\_\_\_

**Make Checks Payable to "Tour Of The Litchfield Hills"**  
 Mail Registration/Donations to The Tour Of The Litchfield Hills,  
 c/o Patient Relations, Charlotte Hungerford Hospital,  
 540 Litchfield Street, Torrington, CT 06790  
**Donations are Non-Refundable**

## 4 I Will Walk or Ride

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

Route	Start Time
<input type="checkbox"/> walk 2.4 mile	10:15am
<input type="checkbox"/> walk 4.2 mile	10:15am
<input type="checkbox"/> walk 8 mile	10:15am

## 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!

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