



PARTICIPANT REGISTRATION FORM

NAME: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

\_\_\_\_\_

**How do you prefer to be contacted?**

▶ PHONE: \_\_\_\_\_

▶ E-MAIL: \_\_\_\_\_

**How do you usually commute?** \_\_\_\_\_

\_\_\_\_\_

**If by bike, how many days per week?**

\_\_\_\_\_

**How many miles is your roundtrip commute?**

\_\_\_\_\_

*"I hereby assume all risks inherent in this activity and hold harmless event organizers and their employers, of any and all claims and liabilities arising from participation. I have full knowledge of the risks involved and I am fit to participate in this event."*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**SUBMIT COMPLETED FORM TO**

Adam Shulman, Boston Transportation  
Department, Fax: 617-635-4295