Be well.

Ride your bike.

MAY IS NATIONAL BIKE MONTH.

NATIONAL BIKE-TO-WORK DAY

FRIDAY, MAY 21 ♦ 7–10 A.M.

CITY OF BLOOMINGTON parks and recreation

revolution bike & bean

BLOOMINGTON BAGEL COMPANY

BLOOMINGTON BICYCLE CLUB

336-RIDE www.bloomingtontransit.com

STARBUCKS COFFEE

Bicycle Garage, Inc.

Bloomington Hospital

BIKESMITHS

Riding your bike to work is good for you and the planet. You can get to work and get a workout at the same time as you save money, reduce traffic congestion, cut your carbon footprint, and have fun. Take part in Bike-to-Work Day and you'll be eligible for healthy food and fun prizes.

Register by 5/19.
For more information, contact Steve Cotter at 349-3736.

To register, fax the form below to 349-3705, bring your form to the City of Bloomington Parks and Recreation Department at City Hall, 401 N. Morton St., Suite 250, or register online at www.bloomington.in.gov/parks.

Name _____ **Home Phone** _____
(parent/guardian if participant is under 18 or under legal guardianship)

Street Address _____ **Work Phone** _____

City _____ **State** _____ **Zip** _____ **Emergency Contact** _____

City of Bloomington Resident? Yes No **E-mail Address** _____
(If you are unsure of your residency status, please call 349-3700)

How did you hear of this program? Program Guide Newspaper Flyer Friend E-mail Web site Previous Participant Other _____

Participant Name	M/F	Birthdate	Program Name	Class Code	Fee
			Bike to Work Day	54016-A	FREE

Inclusive Service Request:
Reasonable accommodations are needed to participate in above program(s) related to specific needs associated with a disability. (circle one) **YES** **NO**
If **YES**, please complete an Inclusion Assessment and the Inclusive Recreation Coordinator will contact you. We request at least two weeks notification for reasonable accommodations requests. *In some cases reasonable accommodations may take longer.*

Include Your Voluntary Donation	
☐ Youth Scholarship Fund	$1 _____
☐ Bloomington Tree Fund	$3 _____
☐ Bloomington Park and Recreation Foundation	$5 _____
	Other $ _____
Total Enclosed	**$**

The undersigned is the adult Program Participant, or is the parent or legal guardian of the Program Participant. The undersigned hereby states that s/he understands the activities that will take place in this program, and that the Program Participant is physically and mentally able to participate in this program. The undersigned recognizes, as with any activity, there is risk of injury. In the event that the Program Participant sustains an injury in the course of the program, and the City of Bloomington Parks and Recreation Department is unable to contact the appropriate person(s) to obtain consent for treatment, the City of Bloomington Parks and Recreation Department and/or its employees or volunteers are authorized to take reasonable steps to obtain appropriate medical treatment. The Program Participant and/or his/her parent or legal guardian shall be responsible for the cost of such treatment. The Undersigned now releases the City of Bloomington, the Bloomington Parks and Recreation Department, its employees, agents, and assigns, from any claims including, but not limited to, personal injuries or damage to property caused by or having any relation to this activity. It is understood that this release applies to any present or future injuries and that it binds the Undersigned, Undersigned's spouse, heirs, executors and administrators. The Program Participant may be photographed and videotaped while participating in Parks and Recreation activities, and consent is given for the reproduction of such photos or videos for advertising and publicity.

I have read this release and understand all of its terms. I agree with its terms and sign it voluntarily.

_____ _____
Signature (parent/guardian if participant is under 18 or under legal guardianship) **Date**

Method of Payment:
☐ **Cash (do not mail cash)** ☐ **Check / Money Order**

Visa/Mastercard # _____

Expiration Date _____

Signature _____
(required if using credit card)

Make check or money order payable to:
City of Bloomington Parks and Recreation

Mail registrations to:
City of Bloomington Parks and Recreation
401 N. Morton Street, Ste. 250, Bloomington IN 47404