Bike2Benefits

Enrollment Form

First and Last Name: ______________________________

Email: ______________________________

Home address: ______________________________

City: ____________________ State: ____ Zip: __________ - ________

County: ____________________ Phone: ______ - ______ - ________

Company Name: ______________________________

Company Address: ______________________________

City: ____________________ State: ____ Zip: __________ - ________

County: ____________________ Work Phone: ______ - ______ - ________

> Program guidelines require that you bike to work at least once per week for 8 consecutive weeks OR bike to your bus stop at least once a week for 8 weeks. Please choose any 8 week period ending no later than November 1, 2008.

I will participate in the Bike2Benefits by *(Check all that apply)*:

____ Biking to/from work ____ Biking from home to the bus stop ____ Biking from bus stop to work

The distance I will bike each day that I participate is approximately ______ miles.

I plan to begin my participation the week of ________________________.

Do you currently bike to work? Yes | No

On average I ride my bike to work:

___ Never ___ Once a year ___ Once a month ___ Once a week ___ Several times a week ___ Everyday

I would like to receive a personalized BIKE ROUTE: Yes | No *(Only available to individuals not currently riding a bike to work)*

I would like to receive a personalized TRANSIT ITINERARY: Yes | No

Gender: ___ Male ___ Female

Age: ___ Under 18 ___ 18-25 ___ 26-55 ___ 56+

Acknowledgement of Understanding: I have read the waver of liability, assumption of risk, and indemnity agreement on the back of this registration form and fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed.

Signature: ________________________________ Date: ______________