

PEDALING 4 PAYSON

Registration Form

Sunday, September 12, 2021

at Elm Brook Park, Hopkinton, NH

Each participant must fill-out, sign and submit an original registration and waiver.

Bib#: _____
Registration Amt: _____
Contribution Amt: _____
Cash _____
Credit _____
Check#: _____

For Office Use Only

PLEASE FILL IN ALL AREAS AND PRINT CLEARLY

Complete Name: (please print) _____

Street Address/Box No.: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ E-mail Address: _____

Age: _____ Gender: ☐ Male ☐ Female

Team Name: _____ Team Captain: ☐ Yes ☐ No

Emergency Contact Information:

Name: _____ Phone: _____

Relationship to participant: _____

I plan to ride in the: ☐ 16-Mile Ride (10 a.m.) ☐ 30-Mile Ride (9 a.m.) ☐ 57-Mile Ride (8 a.m.) ☐ Mountain Bike Ride (9 a.m.) ☐ Gravel Ride

Enclosed is:

☐ \$100 minimum contribution for 16, 30, 51, or Mountain Bike Ride

☐ \$25 minimum contribution for Youth Ride (14 years of age and under)

☐ \$10 fort-shirt: Size _____

☐ Donation \$ _____



Please make checks payable to Concord Hospital Trust or charge:

☐ MC ☐ VISA ☐ AE

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CARDHOLDER SIGNATURE

EXP. DATE

WAIVER AND RELEASE 2021. Helmets are required for all participants. All children under 12 must be accompanied by an adult.

(Unsigned waivers will be rejected.) hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against Concord Hospital, the sponsors, any and all coordinating groups, and any individuals associated with the Pedaling for Payson 2021 event, including their representatives, successors and assigns, whether or not any such claims are based upon or arise out of the negligence of one or more of such released parties, and will hold any such parties harmless from any and all injuries suffered in connection with this event. I attest that I am physically fit to participate in this event. Further, I hereby grant full permission to any and all of the foregoing to use my likeness in all media including photographs, pictures, recordings or any other records of this event for any legitimate purpose.

SIGNATURE

PRINTED NAME

DATE

PARENT'S SIGNATURE (if participant is under 18)

PRINTED NAME

DATE

