

Registration Form

SATURDAY SEPTEMBER 9, 2023

at Elm Brook Park, Hopkinton,NH

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

	$\overline{}$
Bib#:	
Registration	Amt:
Contribution	Amt:
Cash	
Credit	
Check#:	
For Offi	ice Use Only

PLEASEFILLINALLAREASANDPRINTCLEARLY

Complete Name: (please prin	nt)				- 0.1
Street Address /Box No.:					DEDALON
			Zip:		
Home Phone:		E-mail Address:			
Age: Gende	er: 🗆 Male 🗀 Fema	le			PEDALING
Team Name:			Team Captain:	☐ Yes ☐ No	MUSAVD V
Emergency Contact Inform	ation:				TAI JUN
Name:			Phone:		2.
Relationship to participant:					HAMPSHIR
Iplantoride in the (circle	one):		1		
16 Mile Ride 9:00 AM	30 Mile Ride 8:50 AM	50 Mile Ride 8:30 AM	Mountain Bike Ride 8:40 AM	Gravel Bike Ride 8:30 AM	
□ \$25 minimum contributi □ \$10 for t-shirt: Size □ Donation \$		o oj age una unuerj			
Please make chec charge:	ks payable to Conco	ord Hospital Trust o	r □ MC □ VISA	□ AE	
CARDHOLDER SIGNATURE	E	XP. DATE			
(Unsigned waivers will It damages I may have aga Payson 2022 event, inclinegligence of one or moevent. Lattest that I am	perejected.) hereby f hinst Concord Hospital uding their representa ore of such released pa physically fit to partici	or myself, my heirs, ex the sponsors, any an tives, successors and arties, and will hold an pate in this event. Fur	d all coordinating groups assigns, whether or not a ny such parties harmless	ors, waive and release s, and any individuals any such claims are ba from any and all injur ermission to any and	e any and all rights and claims for associated with the Pedaling for ased upon or arise out of the ies suffered in connection with this all of the foregoing to use my
SIGNATURE		PRINTED NAME			DATE
PARENT'S SIGNATURE (if	participant is	PRINTED NAME			DATE