

For more information, call (603) 227-7162.

Registration Form

Saturday, September 15, 2018 at Elm Brook Park, Hopkinton, NH

Each participant must fill-out, sign and submit an original registration and waiver OR register online at pedalingforpayson.org.

Bib	»#:			
Reg	gistration 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.:_____ State: Zip: _____ E-mail Address: _____ Home Phone: Age: Gender: ☐ Male ☐ Female Team Name: Team Captain: ☐ Yes ☐ No **Emergency Contact Information:** Phone: Relationship to participant: ☐ 51-Mile Ride ☐ Mountain Bike Ride **I plan to ride in the:** □ 16-Mile Ride ☐ 30-Mile Ride ☐ 77-Mile Ride (11 a.m.) (10 a.m.) (9 a.m.) (8 a.m.) (9 a.m.) **Enclosed is:** \$100 minimum contribution for 16, 30, 51, 77 or Mountain Bike Ride \$25 minimum contribution for Youth Ride (14 years of age and under) ☐ I will raise my contribution and pay a \$25 non-refundable deposit that will be added to my fundraising total. Please provide your credit card information below. Your card will be charged if minimum contribution is not received by October 1, 2018. ☐ I am unable to participate, but wish to contribute: \$ ☐ My company has matching funds. My matching gift form is attached. Please make checks payable to Concord Hospital Trust or charge: ☐ MC ☐ VISA ☐ AE ACCOUNT NUMBER CARDHOLDER SIGNATURE Send registration form and check to: Concord Hospital Trust, 250 Pleasant Street, Concord NH 03301

WAIVER AND RELEASE 2018. Helmets are required for all participants. All children under 12 must be accompanied by an adult.

(Unsigned waivers will be rejected.) I 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 2018 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