

Registration Form

Saturday, September 14, 2019 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#: _____ Registration Amt: _____ Contribution Amt: _____ Cash Credit Credit For Office Use Only

PLEASE FILL IN ALL AREAS AND PRINT CLEARLY

Complete Name: (please print)						AR AR
Street Address /Box No.:						
City:	State:		Zip:			
Home Phone:	E-mail Address:					
Age: Gender: 🗆	Male 🗆 Female					
Team Name:			Team Captain: 🗌	🛛 Yes 🛛 No		
Emergency Contact Informat						so of GettMin
Name:		Phone:				
Relationship to participant:						Photo
I plan to ride in the: 16-N (1	Nile Ride 30-Mile Ride 1 a.m.) (10 a.m.)	□ 51-Mile Ride (9 a.m.)	☐ 77-Mile Ride (8 a.m.)		in Bike Ride 9 a.m.)	
Enclosed is:						
\$100 minimum contribution fo	r 16, 30, 51, 77 or Mountain Bike Rid	le				
\$25 minimum contribution for						
I will raise my contribution a card will be charged if minimum co	nd pay a \$25 non-refundable d ntribution is not received by October 1, 2	•	e added to my fun	draising total.	Please provide your credit card in	formation below. Your
□ I am unable to participate, b	ut wish to contribute: \$					
□ My company has matching f	unds. My matching gift form is a	ittached.				
Please make checks payab	le to Concord Hospital Trust	or charge: 🛛	MC 🗆 VISA	🗆 AE		
ACCOUNT NUMBER						
CARDHOLDER SIGNATURE	EXP. DATE					
Send registration form an For more information, call (603)	d check to: Concord Hospital Trus 227-7162.	t, 250 Pleasant Stre	eet, Concord NH 0330	1		

WAIVER AND RELEASE 2019. 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