

Registration Form

Saturday, September 12, 2020 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)			15th ANNUAL		
Street Address /Box No.:			OEDAL ON		
City:	State:	Zip:			
Home Phone:	E-mail Address:				
Age: Gender: Male Female			APEDALING		
Team Name:		Team Captain: 🗌 Yes 🔲 N	• DAVCON		
Environment of the state of the formation of			FAISON		
Emergency Contact Information:	DI.		1.		
Name:			HILL		
Relationship to participant:			HAMPSHIP		
I plan to ride in the: ☐ 16-Mile Ride ☐ 30-Mile (11 a.m.) ☐ (10	ile Ride 57-Mile Ride a.m.) (9 a.m.)	☐ Mountain Bike Ride (9:15 a.m.)			
Enclosed is:					
\$100 minimum contribution for 16, 30, 51, or Mountai	n Bike Ride				
\$25 minimum contribution for Youth Ride (14 years of ac					
\$10 for t-shirt: Size					
☐ Donation \$					
Please make checks payable to Concord Hosp	ital Trust or charge:	MC □ VISA □ AE			
CARDHOLDER SIGNATURE EXP. DAT	E				
WAIVER AND RELEASE 2020. 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 2020 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 PF	RINTED NAME		DATE		
PARENT'S SIGNATURE (if participant is under 18)	RINTED NAME		DATE		