



**DORCHESTER GRANGE #280  
SCHOLARSHIP FUND  
1097 NORTH DORCHESTER ROAD  
DORCHESTER NH 03266**

*DorchesterGoingPlaces.org*

**Participant Registration**

**Dorchester Grange "Going Places" Mountain Bike-a-Thon**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

RELEASE FROM LIABILITY, In consideration of my participation in the Dorchester Grange "Going Places" Mountain Bike-a-Thon, I hereby agree on behalf of myself, my heirs, legatees, executors, administrators, and personal representative, to release the Town of Dorchester, Green Woodlands, the organizers, volunteers and landowners involved in planning, organization, operation or making their property available from liability for injury to me or my property caused by their negligence. I intend that the effect of this release shall be to release all of the above from any liability to me arising from their failure, in any way, to use reasonable care in their activities pertaining to this event. If I am injured, I hereby authorize the organizers to notify family members of my location and status.

If I am under the age of eighteen years, then this release shall be signed on my behalf by my parent or guardian.

By signing this release, I acknowledge that if cycling I am required to wear an ANSI-and/or Snell approved helmet during the entire ride.

\_\_\_\_\_  
Signature of Participant                      Parent or Guardian (if under 18)                      Date