

Tour de Grace
September 15, 2007
Registration Form



Sponsored by Grace Cottage Hospital
Reproduce this form as needed, one per participant.

Name _____

Mailing Address _____

City/State/Zip _____

Phone (Day) _____ (Evening) _____

E-Mail _____

Emergency Contact _____

Contact's Phone _____

Registration Fee: \$25



Make checks payable to Grace Cottage Foundation and mail to:
PO Box 1, Townshend, VT 05353 by September 10, 2007
or complete credit card information below:

Credit Card: VISA MC

Card Number _____ - _____ - _____ - _____ Exp. Date ____/____

Name of Cardholder (as it appears on card)



**Acknowledgment of *Tour de Grace* Participant Responsibility,
Express Assumption of Risk, and Release of Liability**

I understand that I may be exposed to a variety of hazards and risks, foreseen or unforeseen, during my participation in *Tour de Grace* from Stratton Mountain to Townshend, VT on Saturday, September 15, 2007. These risks are inherent in any bike rally, and cannot be eliminated without destroying the unique character of such an event. These inherent risks include, but are not limited to, the dangers of serious personal injury, property damage, and death from exposure to the hazards of bicycle riding on paved and dirt roads. I know that injury and damage can occur by natural causes or activities of other persons, animals, participants or organizers, either as a result of negligence or because of other reasons. The undersigned hereby consents to receive medical treatment which may be deemed advisable in the event of injury, accident or illness during *Tour de Grace*.

To the fullest extent allowed by law, I agree to Waive, Discharge Claims, and Release from Liability Grace Cottage Hospital, its officers, directors, employees, agents and rally volunteers from any and all liability on account of, or in any way resulting from injuries and damages, even if caused by negligence of Grace Cottage Hospital, its officers, directors, employees, agents, and rally volunteers. I further agree to Hold Harmless Grace Cottage Hospital, its officers, directors, employees, agents and volunteers from any claims, damages, injuries or losses caused by my own negligence while a participant in *Tour de Grace*. I understand that this assumption of risk and release is binding upon my heirs, executors, administrators and assigns, and includes any minors accompanying me on *Tour de Grace*.

Name: _____

Signed: _____ Date: _____

If you are under age 18 your parent or legal guardian must sign this agreement on your behalf.

I hereby agree and consent to the above Agreement on behalf of:

Name of Minor: _____

Age of Minor: _____

Signature of Parent or Guardian _____ Date: _____