



# PROUTY 2017 Cycling & Walking Registration Form

Friends of Norris Cotton Cancer Center



**NOTE:** Sorry, **Team Captains** CANNOT use a paper form and must register online at [www.TheProuty.org](http://www.TheProuty.org) or call 800.226.8744 for assistance. **Also, Prouty Ultimates, Rowers and Golfers** CANNOT use this form, but may register online at [www.TheProuty.org](http://www.TheProuty.org) or call 800.226.8744 to request a paper form.

**Cyclists & Walkers:** can register up to, and including, the day of The Prouty™ online and at the Richmond Middle School on Friday, the 7<sup>th</sup> and 8<sup>th</sup>. Saturday registration for Rowers must be done dockside and for Golfers, Saturday registration must be done at the Hanover Country Club. Participants are encouraged to submit their fundraising minimums before Wednesday, **July 5 at 5 pm.**

### CHECK REGISTRATION TYPE:

**Family:** must raise a minimum of \$300, maximum two adults and three children (ages 8 – 18). Please register all members of the family below and include a family surname for identification. FAMILY SURNAME: \_\_\_\_\_

**Individual Adult (25+):** must raise a minimum of \$150; **Young Adult (19-24):** must raise a minimum of \$100; **Individual Child (8-18):** must raise a minimum of \$50; **Individual Kid (0-7):** must raise a minimum of \$5

\_\_\_ I would like to join an existing team. TEAM: \_\_\_\_\_ CAPTAIN: \_\_\_\_\_

### PRIMARY REGISTRANT

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phones: Work \_\_\_\_\_ Home \_\_\_\_\_ Email \_\_\_\_\_

Birth date \_\_\_/\_\_\_/\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

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

Emergency Contact Phone Number \_\_\_\_\_

**Check the appropriate box:** Bike (miles) 20\_\_\_ 35\_\_\_ 50\_\_\_ 77\_\_\_ 100\_\_\_

Hybrid Bike (miles) 64\_\_\_ (metric century)

Residential Walk (k) 3\_\_\_ 6\_\_\_ 9\_\_\_ 12\_\_\_

Wooded Walk (k) 5\_\_\_ 10\_\_\_

Are you new to The Prouty? Yes \_\_\_ No \_\_\_ Are you a cancer survivor? Yes \_\_\_ No \_\_\_

My Fundraising Goal is \$ \_\_\_\_\_

### Other Family Registrants

Full Name	Birth date	Event
Adult		
Child		
Child		
Child		

### 2017 Prouty Waiver and Release of Liability

#### PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT!

In consideration of all the individuals I am registering today (“Registrants”) being allowed to participate in the 2017 Prouty fundraising events to benefit the Norris Cotton Cancer Center, including related events and activities (collectively the “Prouty”), I freely, voluntarily and without duress, execute this Waiver and Release for myself and on behalf of all Registrants, and my and their personal representatives, assigns, heirs and next of kin (“Related Parties”). I represent and warrant that (a) each of the Registrants 18 and over and the legal guardian of each Registrant under 18 has read this Waiver and Release and has authorized me sign this Waiver and Release on their behalf and that of their Related Parties, and (b) I and all Registrants (“We”) understand and agree as follows:

1. We understand the nature of the Prouty and that each of us is qualified, in good health, and in proper physical condition to participate in the Prouty. We acknowledge that the Prouty is held or conducted on public roads and in facilities open to the public during the Prouty and upon which the hazards of traveling and interactions with the public are to be expected. We further agree and warrant that if at any time I or any Registrant believes conditions to be unsafe, we will immediately discontinue further participation in the Prouty;

2. Risk of injury from participation in the Prouty is significant, up to and including the potential for permanent paralysis and death and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist;

3. We KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES (defined below) or others, and whether or not covered by personal health or other type of insurance; and we assume full responsibility for our participation in the Prouty;

4. We understand that photographs and/or videos may be taken of any of us in connection with the Prouty. We hereby consent to the taking of such photographs and videos and the use and publication of such photographs and videos;

5. We acknowledge and accept that all dogs participating in the Prouty must wear ID tags, be on a leash (no flex leashes permitted), socialize well with other dogs, be current on all vaccinations, including rabies, and not be in heat and we agree to comply with all of these requirements if we have any dog(s) participating in the Prouty.

6. We agree to comply with the stated and customary terms and conditions for participation in the Prouty, including but not limited to the following "Rules of the Ride": wear an ANSI- and/or Snell-approved helmet during the entire ride; obey all traffic signs and signals; use hand signals to communicate intentions to turn or stop; move bicycle well off the road when stopped; ride on the right in the direction of traffic; be in control of the bicycle at all times; yield to pedestrians; look carefully before entering intersections; make eye contact with motorists; and show respect and courtesy to all roadway users.

7. I, for myself and on behalf of all Registrants, and my and their heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS (i) Dartmouth-Hitchcock Health, Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital (collectively "Dartmouth-Hitchcock"); (ii) Trustees of Dartmouth College; and (iii) the operators of the Prouty, and each of their officers, owners, officials, directors, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, as applicable, owners and lessors of premises, property and/or equipment used to conduct the Prouty ("Releasees"), FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY, THE REGISTRANTS' OR RELATED PARTIES' ACCOUNT ARISING FROM MY OR THEIR PARTICIPATION IN THE PROUTY, WHETHER CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

By checking "I agree" below, I am acknowledging that I am 18 years of age or older, have read and understand all of the terms of this Waiver and Release, and I understand that I will be giving up substantial rights for myself and for all Registrants and Related Parties by signing it. I agree that if any portion of this Waiver and Release is held to be invalid, the balance, notwithstanding, shall continue in full force and effect. I further acknowledge and agree that, by clicking on "Submit", I am creating an electronic signature and that I understand that it will be binding, enforceable and the legal equivalent of a handwritten signature.

I agree

I do not agree

**Mail to: The Prouty Office, One Medical Center Drive, Lebanon, NH 03756**

**Thank you! For more information or questions please call us at 800-226-8744 or go to: [www.TheProuty.org](http://www.TheProuty.org)**