

**Long Route
Brookline Bikes Beacon
Town of Brookline
Release and Registration Form
Sunday, May 23, 2010**

Name: _____

Street Address: _____

Town: _____ State: _____ Zip: _____

Home #: _____ Cell # _____

Email Address:

I/we, the undersigned, for myself and/or as parent(s) or legal guardian(s) of _____, a minor, hereby acknowledge my wish to participate in, and/or my consent to said minor's participation in, the foregoing Town of Brookline/Brookline Bikes Beacon Bicycle Parade Event. In signing this consent and release, I/we do forever RELEASE, acquit, discharge and covenant to hold harmless the Town of Brookline, and its successors, departments, officials, officers, employees, servants and volunteers, from any from any and all actions, causes of action, claims, demands, damages, costs, loss of services, expenses and compensation on account of, or in any way arising from, directly or indirectly, all known and unknown personal injuries or property damages which I/we may now or hereafter have for myself and/or as the parent(s) or legal guardian(s) of said minor, and also all claims and rights of action or damages which said minor may have or hereafter may acquire as a result of his/her participation in the Town of Brookline/Brookline Bikes Beacon. FURTHERMORE, I/we hereby agree to indemnify the Town of Brookline and its successors, departments, officials, officers, employees, servants and volunteers from and against any and all claims for damages, compensation, attorney's fees or otherwise arising out of or resulting from my and/or said minor's participation in the Town of Brookline/Brookline Bikes Beacon.

* Children under 10 years old (born after May 31, 2000) may participate in the longer parade only if accompanied by an adult and on a tandem, trail-a-bike, child bike seat, or trailer.

* Anyone under 12 years old (born after May 31, 1998) participating in the longer parade must be accompanied by an adult.

* Helmets required. Follow directions of police and parade officials.

Printed Name of Program Participant

DOB if under 18

Signature of Program Participant

Date

Signature of Parent or Legal Guardian
(if participant is under 18)

Date

___ Rider

___ Volunteer

Reply by e-mail or Fax 617-739-7531 or Mail to: Brookline Recreation Department
P.O. Box 470713
Brookline Village, MA 02447-0713