

# HOW THE SCAVENGER HUNT WORKS:

- The hunt starts promptly at 9 am on Saturday, June 15, 2019. Packet pick up at 8:30 am.
- Participants will start and end at the Milton Public Library.
- Participants can hunt alone or as part of a team.
- All participants must wear a helmet and sign a waiver.
- Each team will be given clues that lead to different places within the City of Milton. Locations can be visited in any order.
- Participants need to find a location marker at each stop, collect a bead, and return to the library after visiting all the stops.



**MILTON MAYHEM**  
BICYCLE SCAVENGER HUNT

**SATURDAY, JUNE 15, 2019**  
**9:00 AM – NOON**  
8:30 AM PACKET PICK UP

**SOLVE CLUES THAT LEAD YOU TO DIFFERENT PLACES IN MILTON.**

Milton PUBLIC LIBRARY

- Teams and individuals who collect all the beads and return them to the library before 12 pm will be entered in a prize drawing.
- Participants riding the full route should be prepared to ride 8-10 miles. Teams looking for something a little less intense can choose to do a shortened hunt.

## MILTON MAYHEM, WAIVER, RELEASE, AND PERMISSION FORM **ADULT**

I acknowledge that my participation in Milton Mayhem involves a risk of injury and I assume all risks associated with participating in this event. The physical hazards inherent in this event include, but are not limited to, falls, fatigue, muscle soreness, physical discomfort, pull or strained muscles, other adverse reactions or falling, and the effects of weather, including high heat and/or humidity. I certify that I have no health or medical conditions that would/should prevent my participation, and that I am medically able to participate in this event. Having read this waiver, I hereby waive and release Milton Public Library, the City of Milton, and all event sponsors and their representatives from all claims or liabilities for injury or damages incurred by my participation in this event. I also grant permission to Milton Public Library to use photographs, motion pictures or recordings of me, or any other record of my participation in this event, for any legitimate purpose.

PARTICIPANT NAME: \_\_\_\_\_

TEAM NAME: \_\_\_\_\_

TEAM CONTACT (NAME & PHONE NUMBER): \_\_\_\_\_

PARTICIPANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

# HOW THE SCAVENGER HUNT WORKS:

- The hunt starts promptly at 9 am on Saturday, June 15, 2019. Packet pick up at 8:30 am.
- Participants will start and end at the Milton Public Library.
- Participants can hunt alone or as part of a team.
- All participants must wear a helmet and sign a waiver.
- Each team will be given clues that lead to different places within the City of Milton. Locations can be visited in any order.
- Participants need to find a location marker at each stop, collect a bead, and return to the library after visiting all the stops.



- Teams and individuals who collect all the beads and return them to the library before 12 pm will be entered in a prize drawing.
- Participants riding the full route should be prepared to ride 8-10 miles. Teams looking for something a little less intense can choose to do a shortened hunt.

## MILTON MAYHEM, WAIVER, RELEASE, AND PERMISSION FORM **UNDER 18**

I acknowledge that my child's participation in Milton Mayhem involves a risk of injury and I assume all risks associated with participating in this event. The physical hazards inherent in this event include, but are not limited to, falls, fatigue, muscle soreness, physical discomfort, pull or strained muscles, other adverse reactions or falling, and the effects of weather, including high heat and/or humidity. I certify that my child has no health or medical conditions that would/should prevent his/her participation, and that he/she is medically able to participate in this event. Having read this waiver, I hereby waive and release Milton Public Library, the City of Milton, and all event sponsors and their representatives from all claims or liabilities for injury or damages incurred by my child's participation in this event. I also grant permission to Milton Public Library to use photographs, motion pictures or recordings of my child, or any other record of his/her participation in this event, for any legitimate purpose.

NAME OF CHILD PARTICIPATING: \_\_\_\_\_ AGE: \_\_\_\_\_

TEAM NAME: \_\_\_\_\_

PARENT CONTACT (NAME & PHONE NUMBER): \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_