



Charity "Ride for Disabled Vets" – 13 May 2017

www.ridefordisabledvets.ca

REGISTRATION // WAIVER FORM

Name: _____ (Driver) ; _____ (Passenger)

Gender: Male Female ; _____ Male Female

Address: _____

City: _____

Postal Code: _____

Phone: _____

Club Affiliation (if Applicable): _____

Email: _____

Birth Year: _____

Emergency Contact: (Name) _____

Emergency Contact: (Phone #) _____

 **YES I have a valid motorcycle license, approved helmet and insurance required to participate. I shall also follow the Riding – Etiquette/Rules in the "Ride For Disabled Vets Guide Booklet".**

WAIVER

I understand and am aware that there are dangers and risks involved in riding a motorcycle, and in riding a motorcycle in a group such as Charity Ride for Disabled Vets. These dangers and risks include damage, injury, serious injury and/or death. Knowing and appreciating fully these dangers and risks, I the undersigned, hereby waive, release and forever Charity Ride for Disabled Vets, the proceed recipient, the police, members of the organizing committee, sponsors, supporters, volunteers and all other associates with the event of and from all manner of actions, causes of action, suits, debts, claims and demands whatsoever arising from or in connection with Charity Ride for Disabled Vets and associated events. I assume full responsibility for injury or damage arising as a result of the participation association with Charity Ride for Disabled Vets event and for my passengers. This waiver also includes a 'model release' for photographs taken and audio/video recordings made while participating in the above activities.

Payment: 1: _____ (Lunch & Ride);
2: _____ (Donation – Wounded Warriors Canada)
Total Payment: 3: _____ (Ride & Donation)

Signature: _____ (Driver) Date: **13 MAY 2017**

Signature: _____ (Passenger) Date: **13 MAY 2017**



Costs >>> \$30.00 (Rider); \$10.00 (Passenger)

