RURAL ALBERTA MOTORCYCLE

FIGHTING PROSTATE CANCER

ON THE Road Again

RAT (Ride Alone Together): May 1–September 30 Details at **RideForDad.ca**



| Name | | Chapter | | |
|---|---|-----------|-------------|-----------------|
| Email | | Phone | | |
| Address | | City/Prov | Postal code | |
| Emergency contact name (not present on | the Ride) | Phone | | ANT PA |
| Gender □ Male □ Female Birth yea | <u>Captain's Club # (if applicable)</u> | | | St. ALUNE TUGAT |
| Vehicle manufacturer | I'm riding with team/club/legion branch (if applicable) | | | RIDEFORDAD |
| I'd like to make a personal pledge toward | ls my fundraising goal \$ | | | 2001 |



WAIVER

I hereby warrant that I have a valid operator's licence, approved safety attire, and required insurance to participate in today's event. I understand and am aware that there are dangers and risks involved in taking part and riding, either alone or in a group, in events such as those organized by the Ride For Dad. 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 discharge the Ride For Dad, 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 the Ride For Dad and associated events. I assume full responsibility for injury or damage arising as a result of my participation in the Ride For Dad 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.

Signed

Date

| | PLEDGES | | | Amount |
|---|-----------|-------------|---|--------|
| Donor name | | | | |
| Email | | Phone | | |
| Address | City/Prov | Postal code | 2 | |
| Donor name | | | | |
| Email | | Phone | | |
| Address | City/Prov | Postal code | 2 | |
| Donor name | | | | |
| Email | | Phone | | |
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| Email | | | | |
| Address | City/Prov | Postal code | 2 | |
| Pledge sheet and donations can be mailed to: Ride Fo | | | | |
| Receipts will be automatically issued for donations and legible. Make all cheques payable to "Ride For D Foundation, aboritable registration, #05123217000 | | | | |
| Foundation, charitable registration #851333179RR0001. Donors, thank you for providing your email address! This will help reduce our costs by allowing us to provide you with an e-receipt. | | | | |