

# CHARITYPOKERRUN.CA



**Milton District  
Hospital Foundation**

Name		Phone #			
Address		E-Mail			
City		Rider		Passenger	Sponsor
Province <b>ON</b>	Postal Code	Plate #			

## REGISTRATION PLEDGE FORM

Yes, I have a valid motorcycle driver's license, approved helmet and insurance required to participate.

I understand and am aware there are dangers and risks involved in riding a motorcycle, and in riding a motorcycle in a group such as the 2018 CharityPokerRun.ca. 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 2018 CharityPokerRun.ca, the proceed recipient, sponsors, supporters, volunteers and all other associates with the event of and from all manner of actions, causes of action, suites, debts, claims and demands whatsoever arising from or in connection with the 2018 CharityPokerRun.ca and associated events. I assume full responsibility for injury or damage arising as a result of the participation associated with the 2018 CharityPokerRun.ca 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.

Signature: \_\_\_\_\_

Date:        /        / **2018**

**All pledges must be collected and submitted before the Ride begins. Receipts will be issued for donations for \$20 or more, provided name and address are complete and legible (Registered Charity #119245330-RR0001). Make cheques payable to: Milton District Hospital Foundation**

Name	Address	Postal Code	Amount	Cash/Cheque
<b>Total Amount of Pledges</b>			<b>\$</b>	
<b>Registration Fee</b>			<b>\$</b>	
<b>Total</b>			<b>\$</b>	