CHARITYPOKERRUN.CA

Milton District Hospital Foundation

Name:		**Phone #:**		
Address:		**E-Mail:**		
City:		**Rider:**	**Passenger:**	**Sponsor:**
Province: ON	**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 in a group such as the 2026 Charitypokerrun.ca. These dangers and risks include damage, injury, serious injury and/or death. Knowing and appreciating fully these danger risks, I the undersigned hereby waive, release and forever discharge the 2026 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, suits, debts, claims and demands whatsoever arising from or in connection with the 2026 Charitypokerrun.ca and associated events. I assume full responsibility for injury or damage arising as a result of the participation associated with the 2026 Charitypokerrun.ca for my passengers. This waiver also included a 'model release' for photographs taken and audio/video recordings made while participating in the above activities.

Signature: _____ Date: _____ / _____ / 2026

All pledges must be collected and submitted before the Ride begins. Receipts will be issued for donations of $20 or more, provided the 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

Total Amount of Pledges	
Registration Fee	
Total	

Thank You for Your Generous Support!

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