



Riders Against Hunger 2019

Rider _____ Passenger _____

Address _____ City _____

PC _____ Tel: _____

Do you belong to a Motorcycle Club/Association? Y__ N__ If so which one _____

__ Yes I have a valid License and Insurance policy

Waiver General Release

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 the Riders Against Hunger event. These dangers and risks include damage, injury, serious injury and/or death. Knowing and appreciating fully these dangers and risks, by signing this release or by participating in the Riders Against Hunger event, I/we do hereby remise, waive, release and forever discharge The Riders Against Hunger, the ON Rock Community Food Bank, members of the organizing committee, sponsors, supporters, contributors, volunteers, consultants, directors, officers, shareholders, employees, agents, patrons, exhibitors, landlords, tenants, owners, representatives, participants, riders, passengers, all other associates with the event and each of them of and from all losses, expenses, liabilities, actions or causes of action, suits, debts, claims, demands and damages whatsoever which I/we/my/our heirs, executors, administrators, or assigns, can, shall or may have against them or any of them, for any matter, cause or thing arising from or in connection with any personal injury, including fatal injury, or property damage that may be sustained or incurred in connection with or in relation to my/our participation, use and/or operation of a motorcycle or other vehicle or otherwise in the charitable motorcycle event known as the Riders Against Hunger and events associated thereto whether arising from any negligence or breach of contract or otherwise. I/we assume full responsibility for injury or damage arising as a result of the participation association with the Riders Against Hunger event. This waiver also includes a 'model release' for photographs taken and audio/video recordings made while participating in the above activities. I/We hereby acknowledge that I/we have read and understood this release.

Signature (Rider): _____ Date: _____

Signature (Passenger): _____ Date: _____

All donations must be collected and submitted before the Ride begins. Receipts will be issued for donations of \$20 or more, provided name and address are complete and legible. Please make all cheques payable to: "On Rock Community Services ". Charitable Registration # 119105005RR0001.

Donation collection form

Donor Name	Mailing Address Street, city, province & Postal Code	email address	\$ amount	CHQ/ cash	Paid
Registration is FREE with \$150.00 or more in donations (per participant) Passengers must register only if they wish to participate (meals and the poker run)			Total		

Please make copies of this sheet for additional donations

The information you provide will be used to provide tax receipts, and to keep you informed of other events and fundraising opportunities in support of On Rock Community Services. If at any time you wish to be removed from our list, simply contact us by phone 514.696.1905 or email at onrock@onrock.org

For more information such as date, times and locations, go to: www.onrock.org