

**REGISTRATION / RELEASE FORM**

**Registration starts at 9:00 a.m. – 10:30 a.m.  
Ride starts at 11am from Bob's No Frills  
Hwy 108, Elliot Lake**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Description of Bike : Year \_\_\_\_\_ Make \_\_\_\_\_

Model \_\_\_\_\_ Club Affiliations \_\_\_\_\_

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**to participate in the North Shore Ride for Palliative Care**

Registration fee \$25.00 per Bike

pledges over \$100.00 - Registration FREE

**Waiver**

I the under signed, hereby waive, release and forever discharge the North Shore Ride for Palliative Care. The Blue Knights Ontario X, members of the organizing committee of the North Shore Ride for Palliative Care, sponsors, supporters and all other associates, volunteers, organizers and anyone associated with the event of and from all manner of actions, causes of action, suits, debts, claims and demands whatsoever for the duration of the North Shore Ride for Palliative Care and associated events. I assume full responsibility for injury or damage arising as a result of the participation associated with the North Shore Ride for Palliative Care event. This also includes a model release for any photographs taken while participating in and of the above mentioned activities.

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

**for office use only**

\$25.00 (registration fee)  
 \$100.00 (in pledges) Free Registration

Print Name: \_\_\_\_\_

Phone: \_\_\_\_\_

# North Shore Ride for Palliative Care Pledge Form

The **North Shore Ride for Palliative Care** will issue receipts for all donations of \$10 or more. Your full **address** and **postal code** will be required to forward tax receipts. **Any incomplete or illegible addresses will not be receipted.** All Cheques must be made payable to *Blind River District Health Centre Foundation – Palliative Care or BRDHCF – Palliative Care*

Name	Address	City,	Postal Code	Pledge	Cash	Chq.
<b>TOTAL</b>						

Hosted by:



Supported by:

Chapter 035 Elliot Lake

