



REGISTRATION FORM
Time to Ride & Stock those Shelves!!

Event Date: Sunday, June 11, 2017 at 11:00 AM

Name: _____ Passenger Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Bike Club: _____

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

Please email me for next year's ride! Email: _____

WAIVER
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 Ride For Hunger Quinte. 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 Hunger Quinte, the proceeds recipient, the Police Association, members of the organizing committee, sponsors, supporters, volunteers and all other associates with the event of and from all manner of action, causes of action, suits, debts, claims and demands whatsoever arising from or in connection with The Ride for Hunger Quinte event and for my passengers.

Signed: _____ Date: _____

The above waiver includes a 'model release' for photographs taken and audio/video recordings made while participating in the above activities.

Make all cheques payable to: "Gleaners Food Bank", Charitable Tax# 118939487RR0001
Receipts will be issued for donations of \$25.00 or more, provided name address are complete and legible.

Registration:
 Driver \$25.00
 Passenger \$15.00

Total: _____ Paid: