



ALL PARTICIPANTS MUST GO TO REGISTRATION ON THE DAY OF THE EVENT.

If you are unable to attend the event, please mail your donations (do not send cash) to: Ride for Sight, 890 Yonge Street, 12th Floor, Toronto, ON M4W 3P4.

Rider Name: _____ Telephone: (_____)
First Name Last Name

Address: _____
Street No., Street Name, City, Province, Postal Code

Email Address: _____

PLEASE PRINT CLEARLY. DO NOT RECORD ONLINE DONATIONS HERE

	Donor Name	Address	City, Province	Postal Code	Phone with area code	Cash/ Cheque	Donation Amount
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
						Total:	

As a participant in Ride for Sight, I, for myself, my heirs, executors, and administrators, waive any claims to which I may become entitled for injury or damage caused to me at the event. I release The Foundation Fighting Blindness – Canada, Ride for Sight and all other organizers, sponsors, representatives, their agents and employees and any other person or organization assisting in this event from any claims for damages or injury suffered by me as a result of my participation.

I further state that I am in proper physical condition to participate in this event and possess a valid motorcycle license and vehicle insurance (if I am a rider), have valid health insurance, and am aware that participation could, in some circumstance, result in physical injury and/or traffic accident causing physical injury.

By signing here, I hereby consent to and permit emergency treatment in the event of injury or illness during the event. I give my permission for the free use of my name and picture for media and marketing materials related to this event.

Signature: _____ Date: _____