



# RIDER REGISTRATION FORM

FOURTH ANNUAL

AL HUMPHREY MEMORIAL RIDE

SUNDAY AUGUST 1, 2010

PARTICIPANT NAME \_\_\_\_\_ EMAIL \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

POSTAL CODE \_\_\_\_\_

PHONES: HOME \_\_\_\_\_ BUSINESS \_\_\_\_\_ CELL \_\_\_\_\_

DATE OF BIRTH (IF UNDER 18) dd / mmm / yyyy HORSE'S NAME \_\_\_\_\_

RIDER STATUS: INDIVIDUAL \_\_\_\_\_ TEAM MEMBER \_\_\_\_\_ SPONSOR ENTRY \_\_\_\_\_

SPONSOR OR TEAM NAME \_\_\_\_\_

## I ENCLOSE PAYMENT AS FOLLOWS:

RIDER ENTRY FEE	\$25.00 before June 25	_____
	\$45.00 June 26 - July 25	_____
	\$65.00 July 26 - July 31	_____
	* Sponsor Entries Only	<u>prepaid</u>

AFTER-RIDE BEEF BAR-B-QUE \$10.00 PER PERSON X \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL PAID BY CASH \_\_\_\_\_ CHEQUE \_\_\_\_\_ \$ \_\_\_\_\_

Please make cheques payable to "Norma Humphrey and Gary Bouwmeister In Trust"

## OVERNIGHT CAMPING REQUIRED FOR:

SATURDAY \_\_\_\_\_ SUNDAY \_\_\_\_\_ NO THANK YOU \_\_\_\_\_

PLEASE ENSURE FORM IS FULLY COMPLETED PRIOR TO SUBMITTING.

WAIVER ON REVERSE MUST BE SIGNED TO VALIDATE REGISTRATION FORM.

## PLEASE RETURN FORMS:

Al's Tack Shop,  
4812 Vandorf Sideroad,  
Stouffville, Ont. L4A 7X5.  
905-640-2011 Norma  
noral@netrover.com

[WWW.ALHUMPHREYMEMORIALRIDE.COM](http://WWW.ALHUMPHREYMEMORIALRIDE.COM)



# WAIVER AND RELEASE OF LIABILITY AL HUMPHREY MEMORIAL RIDE 2010

Saturday July 31, **SUNDAY AUGUST 1**, Monday August 2

**I acknowledge and agree that I participate at my own risk.**

I intend by this Waiver and Release to release, in advance, and to waive my rights and to discharge all the persons and entities involved with this event (specifically, but not limited to Al's Tack Shop, Make-A-Wish Toronto & Central Ontario, Princess Margaret Hospital Foundation - Stem Cell Research Fund, Regional Municipality of York) from all claims for damages for death, personal injury or property damage that I may have, or which may hereafter accrue to me, as a result of my participation in this event, even though that liability may arise from negligence, carelessness or recklessness (whether simple or gross) on the part of the persons or entities being released, from dangerous or defective property or equipment owned, maintained or controlled by them or because of their possible liability without fault. I understand that this waiver is binding on my heirs, assigns, and legal representatives. I have carefully read this Waiver and Release and understand its contents. I am aware that this is a release of liability and a binding contract between the persons and entities mentioned above and I sign of my own free will. I understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing this Waiver and Release freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

\_\_\_\_\_  
Name of Participant PLEASE PRINT DATE \_\_\_\_\_

\_\_\_\_\_  
Signature of Participant DATE \_\_\_\_\_

\_\_\_\_\_  
Name & Relationship of Guardian PLEASE PRINT (if Participant under age 18) DATE \_\_\_\_\_

\_\_\_\_\_  
Signature of Guardian (if Participant under age 18) DATE \_\_\_\_\_

OFFICE USE ONLY: TRACKING CODE \_\_\_\_\_ †