



VOLUNTEER REGISTRATION FORM

FOURTH ANNUAL AL HUMPHREY MEMORIAL RIDE SUNDAY AUGUST 1, 2010

VOLUNTEER NAME _____ EMAIL _____

MAILING ADDRESS _____

_____ POSTAL CODE _____

PHONES: HOME _____ BUSINESS _____ CELL _____

DATE OF BIRTH (IF UNDER 18) dd / mmm / yyyy

_____ I WOULD LIKE TO VOLUNTEER TO HELP AT THE RIDE

(HORSE HOLDERS, CHECKPOINT ASSISTANTS, LUNCH STOP CREW, TRAFFIC CONTROL, PRIZE TENT, EARLY BIRD REGISTRATION, BBQ TICKET SALES, ETC. A FULL LIST OF VOLUNTEER POSITIONS AND TIME REQUIREMENTS WILL BE AVAILABLE FOR YOUR CHOICES CLOSER TO THE RIDE).

_____ I WOULD LIKE TO GET INVOLVED NOW.

PLEASE TELL US A LITTLE ABOUT YOURSELF: _____

PAYMENT ENCLOSED

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

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 _____

I WOULD LIKE TO REGISTER TO OBTAIN PLEDGES FOR THE RIDE: _____

PLEASE ENSURE FORM IS FULLY COMPLETED PRIOR TO SUBMITTING.

WAIVER ON REVERSE MUST BE SIGNED TO VALIDATE REGISTRATION FORM.

PLEASE RETURN FORMS TO:

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

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.

X _____ DATE _____
Name of Participant PLEASE PRINT

X _____ DATE _____
Signature of Participant

Name & Relationship of Guardian PLEASE PRINT

Signature of Guardian (if Participant is between ages 16 and 18)

***** PLEASE NOTE: We are sorry but no one under 16 years of age may volunteer for our ride.**

OFFICE USE ONLY: TRACKING CODE _____ †