



RIDER REGISTRATION FORM

FIFTH ANNUAL
AL HUMPHREY MEMORIAL RIDE
SUNDAY JULY 31, 2011

PARTICIPANT NAME _____ EMAIL _____

MAILING ADDRESS _____

_____ POSTAL CODE _____

PHONES: HOME _____ BUSINESS _____ CELL _____

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

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 ____ PAID BY 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. THE WAIVER ON REVERSE MUST BE SIGNED TO VALIDATE YOUR REGISTRATION FORM.

PLEASE RETURN FORMS TO:

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| <p><i>al's</i> TACK SHOP 4812 Vandorf Sideroad, Stouffville, Ont. L4A 7X5. Norma – Tel: 905-640-2011 Email: noral@netrover.com</p> |
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WWW.ALHUMPHREYMEMORIALRIDE.COM



WAIVER AND RELEASE OF LIABILITY

AL HUMPHREY MEMORIAL RIDE 2011

Saturday July 30, **SUNDAY JULY 31**, Monday August 1

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 Norma Humphrey, *Al's* TACK SHOP, Regional Municipality of York, Princess Margaret Hospital Foundation and Markham Stouffville Hospital Foundation) 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 Parent or Guardian PLEASE PRINT (if Participant under age 18)

DATE _____

Signature of Parent or Guardian (if Participant under age 18)

DATE _____