



VOLUNTEER REGISTRATION FORM
FIFTH ANNUAL
AL HUMPHREY MEMORIAL RIDE
SUNDAY JULY 31, 2011

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, RIDER REGISTRATION, VOLUNTEER REGISTRATION, BBQ FOOD PREPARATION, LUNCH STOP CREW, TRAFFIC CONTROL, PRIZE TENT, EARLY BIRD REGISTRATION, BBQ TICKET SALES, MERCHANDISE SALE TABLE. (Check In time is 7:30 for most jobs unless otherwise advised.)

PLEASE LET US KNOW WHICH JOBS WOULD INTEREST YOU:

(1) _____ (2) _____ (3) _____

(We try and slot our volunteers into their preferred jobs but sometimes adjustments need to be made. Thank you for your understanding.)

PAYMENT ENCLOSED

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

PAID BY CASH _____ **PAID BY CHEQUE** _____

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

OVERNIGHT CAMPING REQUIRED: SATURDAY _____ **SUNDAY** _____ **NO THANK YOU** _____

I WOULD LIKE TO REGISTER TO OBTAIN PLEDGES FOR THE RIDE: YES _____ **NO** _____

PLEASE ENSURE FORM IS FULLY COMPLETED. THE WAIVER ON THE REVERSE MUST BE SIGNED TO VALIDATE THE REGISTRATION FORM.

PLEASE RETURN FORMS TO:

Al's TACK SHOP
4812 Vandorf Sideroad, Stouffville, Ont. L4A 7X5.
Norma – Tel: 905-640-2011 Email: noral@netrover.com

WWW.ALHUMPHREYMEMORIALRIDE.COM



WAIVER AND RELEASE OF LIABILITY

AL HUMPHREY MEMORIAL RIDE 2011

Saturday July 30, **SUNDAY JULY 31**, Monday August 1, 2011

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 _____

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

***** PLEASE NOTE: No one under 16 years of age may volunteer for our ride *****