## **Dreams Take Flight** Ride for Dreams 2019

I have registered online

Name:	
Gender: ® Male ® Female	Captain's Club # (if applicable):
Address:	
City:	Postal Code:
Phone (Home):	(Work):
Email:	

® YES I have a valid motorcycle license, approved helmet and insurance required to participate.

## WAIVER

I understand and am aware that there are dangers and risks involved in riding a motorcycle, and in riding a motorcycle in a group such as the Ride for Dreams Poker run. These dangers and risks include damage, injury, serious injury and/or death. Knowing and appreciating fully these dangers and risks, I the undersigned hereby waive, release and forever discharge Dreams Take Flight, the proceed recipient, it's Executives, Directors and members of the organizing committee, sponsors, supporters, volunteers and all other associates with the event of and from all manner of actions, causes of action suits, debts, claims and demands whatsoever arising from or in connection with the Dreams Take Flight Ride for Dreams and associated events. I assume full responsibility for injury or damage arising as a result of the participation association with Dreams Take Flight and Ride for Dreams event and for my passengers. This waiver also includes a "model release" for photographs taken and audio/video recordings made while participating in the above activities

Signed:

Date:



## **Ride for Dreams Pledge Form**

All pledges must be collected and submitted before the Ride begins. Receipts will be issued for donations of \$20.00 or more, provided the name and address are complete and legible. Make all cheques payable to Dreams Take Flight Canada, charitable registration #88657 7857 RR000

SPOUR LEUR				Amount
Donor Name:	Tel:	Email:		
Address:	Floor/Apt. #	City	Postal Code	
Donor Name:	Tel:	Email:		
Address:	Floor/Apt. #	City	Postal Code	
Donor Name:	Tel:	Email:		
Address:	Floor/Apt. #	City	Postal Code	
Donor Name:	Tel:	Email:		
Address:	Floor/Apt. #	City	Postal Code	
Donor Name:	Tel:	Email:		
Address:	Floor/Apt. #	City	Postal Code	
Donor Name:	Tel:	Email:		
Address:	Floor/Apt. #	City	Postal Code	
Donor Name:	Tel:	Email:		
Address:	Floor/Apt. #	City	Postal Code	
Donor Name:	Tel:	Email:		
Address:	Floor/Apt. #	City	Postal Code	
Donor Name:	Tel:	Email:		
Address:	Floor/Apt. #	City	Postal Code	
Donor Name:	Tel:	Email:		
Address:	Floor/Apt. #	City	Postal Code	
Registration is \$30 or FREE with \$100 or more pledges For registration dates, times and locations, go to www.ridefordreamsottawa.ca Passengers must register to participate in ride activities, prize draws and meals.			Total Pledges	
			Registration Fee	
			Total (this page only)	
PLEASE PHOTOCOPY THIS PAGE FOR ADDITIONAL PLEDGES.			Total All Pages	