



Riders Against Hunger

A charity motorcycle ride in support of Eden Food for Change



2017 REGISTRATION / DONATION FORM

RIDER: _____ **PASSENGER:** _____

ADDRESS: _____ **CITY:** _____

POSTAL CODE: _____ **TYPE OF MOTORCYCLE:** _____

E-MAIL: _____ **PHONE:** _____

Do you belong to a motorcycle club/association? No Yes If yes, which one? _____

How did you find out about the ride? Motorcycle Show Friend RAH Website Facebook Magazine Newspaper Club Forum
 On-line Ride Listing Store Poster Other: _____

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

WAIVER – GENERAL RELEASE

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 Riders Against Hunger event. These dangers and risks include damage, injury, serious injury and/or death. Knowing and appreciating fully these dangers and risks, by signing this release or by participating in the Riders Against Hunger event, I/we do hereby remise, waive, release and forever discharge the Riders Against Hunger, the Eden Food for Change, members of the organizing committee, sponsors, supporters, contributors, volunteers, consultants, directors, officers, shareholders, employees, agents, patrons, exhibitors, landlords, tenants, owners, representatives, participants, riders, passengers, road captains, tail gunners, all other associates with the event and each of them of and from all losses, expenses, liabilities, actions or causes of action, suits, debts, claims, demands and damages whatsoever which I/we/my/our heirs, executors, administrators, or assigns, can, shall or may have against them or any of them, for any matter, cause or thing arising from or in connection with any personal injury, including fatal injury, or property damage that may be sustained or incurred in connection with or in relation to my/our participation, use and/or operation of a motorcycle or other vehicle or otherwise in the charitable motorcycle event known as Riders Against Hunger and events associated thereto whether arising from any negligence or breach of contract or otherwise. I/we assume full responsibility for injury or damage arising as a result of the participation association with the Riders Against Hunger event. This waiver also includes a 'model release' for photographs taken and audio/video recordings made while participating in the above activities. I/We hereby acknowledge that I/we have read and understood this release.

Signature (Rider): _____ Date: _____

Signature (Passenger): _____ Date: _____

All donations must be collected and submitted before the ride begins. Tax receipts will be issued for donations of \$20 or more, provided name and address are complete and legible. Please make all cheques payable to: "Eden Food for Change". Charitable Registration #864407259RR0001

Donor Name	Full Mailing Address Street, City, Province & Postal Code	E-mail Address	\$ Am't	CHQ/ cash	Paid



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Raise additional funds for the Eden Food for Change and receive incentive gifts. Passengers must register only if they wish to participate (meals, poker run & prizes)	Total			

Please make copies of this sheet for additional donations

The information you provide will be used to provide tax receipts, and to keep you informed of other events and fundraising opportunities in support of the Eden Food for Change. If at any time you wish to be removed from our list, simply contact us by phone at 905-785-3651.