



Motorcyclists Against Childhood Cancer



Ride FOR Kids

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_ (NOTE: We do not share or sell contact info.)

Please see <http://www.rideforkids.ca/> for registration dates, times and locations.

Registered Charity # 85419 6771 RR0001

### Waiver-Liability Release Form

In consideration of acceptance of the right to participate in this Ride, on behalf of myself, my heirs, executors, administrators and assigns, I hereby waive and release any and all rights and claims for damages which I may have against M.A.C.C. (Motorcyclists Against Childhood Cancer) and their officers, employees, representatives, and members, as well as any other person or businesses connected with this Ride, their heirs, executors, administrators, successors and assigns for any and all injuries which I may suffer while taking part in this Ride or as a result thereafter. Further, each participant, or spectator expressly agrees to indemnify and hold harmless all the foregoing entities, firms and persons for any and all liability occasioned or resulting from the conduct of any participants assisting or cooperating with myself as entrant.

By participating in this event, you agree to ride at your own risk; agree not to ride while impaired, and agree not to drive or ride a motorcycle while under the influence of consume alcoholic beverages or drugs.

For your safety and that of other use due care and caution during this event.

Thank you.

Rider's Name (Print) \_\_\_\_\_

Rider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Passengers Name (Print): \_\_\_\_\_

Passenger's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*“Battling Against Childhood Cancer”*