



2010 REGISTRATION AND PLEDGE FORM

Name: _____ **Email:** _____
Address: _____ **Province:** _____
City: _____ **Postal Code:** _____
Phone: _____ **Club Affiliation:** _____

Note: Rider Minimum Donation (\$40) Passengers are free.
Passengers must sign passenger portion below.

Waiver: I, the undersigned, hereby waive, release and forever discharge the R.O.C.K. Ride, members of the organizing committee, sponsors, supporters, volunteers and all other associates with the event of and from all manner of actions, suits, debts, claims and demands whatsoever for the R.O.C.K. Ride and associated events. I assume full responsibility for injury or damage arising as a result of the participation associated with the R.O.C.K. Ride. This also includes a 'model release' for any photographs taken while participating in any of the above mentioned activities.

Signature: _____ **Date:** _____

Passenger Name (if applicable) _____

Passenger Signature _____ **Date** _____

The event will take place rain or shine. All funds go directly to the Childhood Cancer Foundation's Research Fund.

Attention Donors: Receipts for **donations of \$20.00 & over** will be issued by the Candlelighters Foundation (Charitable No: 13189 7654 RR0001). Receipts will be issued **electronically if email provided**. Incomplete or illegible addresses WILL NOT be receipted. Cheques can be made payable to: "Childhood Cancer Foundation Canada – Candlelighters or R.O.C.K. Ride"

NAME	ADDRESS	CITY	POSTAL CODE	AMOUNT	EMAIL ADDRESS FOR E-RECEIPT (\$20 & up)

All donations must be paid on the morning of the ROCK Ride, Saturday July 3, 2010
For more information contact Bob Thomas @ (519) 464-7627 or [Email:info@rockride.com](mailto:info@rockride.com)

