

RIDE4AUTISM Pledge Form

Participant Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone: (W/H) _____ Email: _____

- Make all cheques payable to "Autism Ontario-Hamilton"
- Tax Receipts will be issued for donations of \$20 or more. *Charitable Registration #: 11924 8789 RR001*

PLEASE PRINT CLEARLY!				AMOUNT PLEGGED	AMOUNT COLLECTED	AMOUNT OUTSTANDING
WE CANNOT GUARANTEE A TAX RECEIPT IF INFORMATION IS NOT LEGIBLE.						
Last name		First name				
APT #.	Street Address	City	PC			
Last name		First name				
APT #.	Street Address	City	PC			
Last name		First name				
APT #.	Street Address	City	PC			
Last name		First name				
APT #.	Street Address	City	PC			
Last name		First name				
APT #.	Street Address	City	PC			
Last name		First name				
APT #.	Street Address	City	PC			
Last name		First name				
APT #.	Street Address	City	PC			
Last name		First name				
APT #.	Street Address	City	PC			
				Total		

PLEASE SIGN BELOW:

WAIVER: In consideration of the furtherance of your purposes, objectives and work, and in consideration of your permitting me to participate in this event for Autism Ontario – Hamilton-Wentworth, I hereby agree that this activity is and shall be at my own risk and my child(ren)'s risk against all casualties to myself and/or my child(ren)'s or my and/or my child(ren)'s property and I myself, my issue, my beneficiaries, successors and executors hereby release, forever discharge and save harmless Autism Ontario, sanctioning bodies, sponsoring companies, participants, entrants, etc. connected with this event from and against any and all actions, claims, costs and expenses in respect to death, injury, loss or damage to my and/or my child(ren)'s person or property, however caused, arising out of me and my child(ren) being permitted to participate in this event for Autism Ontario. Furthermore, I hereby grant Autism Ontario the irrevocable right to use in any way they see fit, for the purpose of publicizing, advertising and trade, without restriction, my and my child(ren)'s name, face and/or voice.

Signature _____ Date _____

A participant under the age of 18 must have this form countersigned by a parent or guardian. As a parent and/or legal guardian of the above, I hereby give permission for the above named to participate in this event for Autism Ontario – Hamilton-Wentworth on the basis of the conditions set forth in the above waiver.

Signature _____ Date _____