



# Ride4Autism - Ontario Pledge Form



Participant Name \_\_\_\_\_ Page \_\_\_\_ of \_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone (W/H) \_\_\_\_\_ Email \_\_\_\_\_

- Make all cheques payable to the "Dundas Lions Foundation"
- Tax Receipts will be issued for donations of \$20 or more. Charitable #839322492RR0001

| PLEASE PRINT CLEARLY!!!<br>WE CANNOT GUARANTEE A TAX RECEIPT IF INFORMATION IS NOT LEGIBLE. |                |      |             | AMOUNT<br>PLEGGED | AMOUNT<br>COLLECTED | AMOUNT<br>OUTSTANDING |
|---|----------------|------|-------------|-------------------|---------------------|-----------------------|
| Last name   | First name     |      |             |                   |                     |                       |
| APT #.  | Street Address | City | Postal Code |                   |                     |                       |
| Last name   | First name     |      |             |                   |                     |                       |
| APT #.  | Street Address | City | Postal Code |                   |                     |                       |
| Last name   | First name     |      |             |                   |                     |                       |
| APT #.  | Street Address | City | Postal Code |                   |                     |                       |
| Last name   | First name     |      |             |                   |                     |                       |
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| Last name   | First name     |      |             |                   |                     |                       |
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| Last name   | First name     |      |             |                   |                     |                       |
| APT #.  | Street Address | City | Postal Code |                   |                     |                       |
| Last name   | First name     |      |             |                   |                     |                       |
| APT #.  | Street Address | City | Postal Code |                   |                     |                       |
| <b>Total</b>  |                |      |             |                   |                     |                       |

**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.. 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, The Dundas Lions Club, Dundas Lions Lioness Club and the Dundas Lions Foundation, 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. Furthermore, I hereby grant the irrevocable right to use in any way they see fit, for the purpose of publicizing, advertising and trade, without restriction, me 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 the Dundas Lions Club on the basis of the conditions set forth in the above waiver.

Signature \_\_\_\_\_ Date \_\_\_\_\_