

PARTICIPANT INFORMATION AND WAIVER



E-RELEASE and WAIVER OF LIABILITY AGREEMENT

Between the Participant and the Regional Municipality of York Police Services Board and its affiliates (collectively, "YRP")

I HEREBY WAIVE any and all claims which, but for this release, I may have or may hereafter acquire against YRP, its officers, employees, volunteers, benefiting charities or event sponsors, for any injuries or any other damages or loss arising directly or indirectly from my participation in the Ride4Styles.

I ACKNOWLEDGE that the Ride4Styles is a strenuous activity and I WARRANT that I am in good health and proper physical fitness to participate.

I ACKNOWLEDGE that I will wear an approved cycling helmet and only use a bicycle that is mechanically fit and roadworthy.

I AGREE to abide by the Highway Traffic Act at all times and to respect other road users. I will obey all traffic signals and road markings at all times.

I AGREE to cycle the defined route of the Ride4Styles and will follow instructions given by the event's organizers, officials and marshals.

I ACKNOWLEDGE and AGREE that I am solely responsible for my own personal safety at all times.

I AGREE that this release and waiver of liability shall apply to and be binding on any of my heirs, administrators, executors and assigns.

Name of Participant

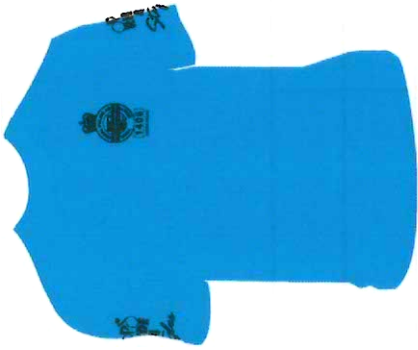
Signature of Participant

Date

Thank you for Support



Front



Back



HERO IN LIFE NOT DEATH



Your Registration includes a T-shirt.

T-Shirt Size Selection:

- Small
- Medium
- Large
- X-Large
- XX-Large

Additional T-shirts may be purchased for \$20 each.

Additional T-Shirt Size Selection:

- Small # of shirts -
- Medium # of shirts -
- Large # of shirts -
- X-Large # of shirts -
- XX-Large # of shirts -

Send your completed registration form to:

Detective Karim (Ken) Bardai
 961@yrp.ca
 1-888-876-5423, ext. 6671
 47 Don Hillcock Dr.
 Aurora, ON
 L4G 0S7

Rider's Name and Team (if applicable) _____

Address _____

City/Province/Postal Code _____

Telephone _____ Email _____

Name (First and Last - Print Clearly Please!)	Address (Complete Mailing Address Required for Tax Receipts)	City/Province	Postal Code	Telephone	Amount	Paid (Y or N)	Receipt (Y or N)

THANK YOU! (Participation Minimum of \$100 in Pledges) **TOTAL \$** _____

Tax receipts will be issued for donations of \$25 or more and with complete donor mailing information

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