



Saturday, June 18, 2016

REGISTRATION (online registration available at www.healthsciencesfoundation.ca)

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____

POSTAL CODE: _____ E-MAIL: _____

PHONE NUMBER: _____ CELL NUMBER: _____

PAYMENT

REGISTRATION PAID BY (CHECK ONE) CASH CHEQUE VISA M/C

CREDIT CARD NUMBER: _____ EXPIRY DATE: _____

SIGNATURE: _____

PLEASE MAKE CHEQUES PAYABLE TO:

**THUNDER BAY REGIONAL
HEALTH SCIENCES FOUNDATION**

REGISTRATION FEE

REGISTRATION FEE* (\$40)

*No refunds on registrations.
Event will take place rain or

PLEDGES (for office use)

TOTAL PLEDGES \$ _____

AMOUNT ENCLOSED \$ _____

AMOUNT OUTSTANDING \$ _____

WAIVER

I understand and acknowledge that ATV riding is an activity involving risk of injury, including disability and death. Acknowledging these risks I hereby apply to enter the Silver Mountain ATV Ride, agreeing that I am solely responsible for my safety. I hereby agree to waive and release any and all claims against the Thunder Bay Regional Health Sciences Foundation and any and all sponsors, governments, agencies or other parties affiliated with this event for injuries or damages that I may incur during, or as a result of, participation in this event. I agree that I am solely responsible to be physically fit and sufficiently prepared to participate in this activity and to use equipment of a type and condition reasonably necessary to participate in this activity. If I require medical attention as a result of my participation in the Silver Mountain ATV Ride, I hereby give my consent for authorized medical personnel of the Silver Mountain ATV Ride to provide care as is deemed necessary. I accept that during this event I may be photographed and by signing give permission for the future use of my image to be used in promotional material without remuneration or fee. This waiver and release shall be binding upon all my heirs and assign.

Signature: _____ Date: _____