2011 PROVINCIAL TRAIL RIDE

Region:

Rider Name: **Address** **Phone** **Age**

Before undertaking the Provincial Wish Trail Ride, I understand I am participating at my own risk and therefore, intending to be legally bound hereby, for my heirs, executors, my administrators, and myself. I hereby release any and all rights, claims for damages, causes of action, claims or demands in law or in equity whatsoever which I may hereafter have against Children's Wish Foundation of Canada, Provincial Trail Ride, Provincial Ride Coordinators and volunteers, their successors and assigns, for any and all injuries or damages suffered by me by reason of participation in the Provincial Trail Ride.

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Signature of Participant Signature of Parent/Guardian if rider in under 19 years of age.

Please make cheque payable to "Children's Wish Foundation." Please pay rider at time of pledge.
*Official tax receipts will be issued for donations over $25.00 from the Children's Wish Foundation.

Please print clearly and fill in complete address. *Tax receipts cannot be issued without complete & legible information.

CWF Official Use	NAME	Street Address	City		Postal Code	Phone #	Amount Pledged	PD
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