Date:		Total

Susie Q
RIDE FOR CANCER

Saturday August 15- Rain or Shine!

Rider/Passenger _____ **Phone Number** _____
Address _____ _____
Address _____ _____
Postal Code _____ _____
_____ **Email** _____

General Release

In signing this release, I/we do hereby remise, release and forever discharge the Susie Q Ride Committee members, volunteers, sponsors, supporters, contributors, organizers, consultants, participants, riders, passengers and each of them of and from all losses, expenses, liabilities, actions or causes of action, suit claims, demands and damages whatsoever, which I/we/my/our heirs, executors, administrators, or assigns, can, shall or may have against them or any of them for any matter cause or thing arising from or in connection with any personal injury, including fatal injury, or property damage that may be sustained or incurred in connection with or relating to my/our participation, use and or operation of a motorcycle or other vehicle or otherwise in the charitable motorcycle event known as the Susie Q Ride For Cancer and events associated there to whether arising from any negligence or breach of contract or otherwise. I hereby acknowledge that I/we have read and understood this agreement.

Signature _____ **Date** _____
Rider/Passenger

Pledge Form

Please make cheques payable to: "Gilda's Club" re: Susie Q Ride for Cancer
Receipts will be issued for amounts **exceeding** $20.00 Please include **FULL mailing address**.

Name	Address	Postal C	Privacy	$	Pd
			YES		
			YES		
			YES		
			YES		
			YES		
			YES		
			YES		
			YES		
			YES		
			YES		
			YES		
			YES		
			YES		
			YES		
			YES		
			YES		