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ROCKET RIDE FOR AWARENESS
CYCLE FOR AUTISM 2009

Pledge Form for Participants or Sponsors **Name of Participant**_____ **Phone #**_____

Last Name	First Name	Address	City	Prov.	Postal Code	Amount	Cash Chq.	Receipt Requested	Paid

WAIVER: In consideration of your acceptance of this entry, I, for myself, heirs, executors, administrators and assigns, hereby waive, release and discharge any and all claims against Autism Society Ontario Windsor-Essex Chapter, event sponsor, event volunteers and their officers, directors, agents, successors and/or assigns for any and all injuries suffered by me at this event. I attest and verify that I am physically fit and sufficiently trained for the competition of this event. I hereby grant permission for the free use of my name and picture in any broadcast.

*****Receipts will only be issued if pledge is over $20.00 and all***** Charitable Registration # 11924 8789 RR0001