

DONATION FORM

SPONSOR NAME	ADDRESS	DONATION AMOUNT	CHEQUE # OR CREDIT CARD
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Rider OR Team Name _____

Rider Address, City, Postal Code _____

Phone # _____

Email _____

By signing this release or by participating in the Rev it Up for SickKids, I/we do hereby remise, release and forever discharge SickKids, the Rev it Up for SickKids volunteers, sponsors, supporters, contributors, organizers, consultants, directors, officers, shareholders, employees, agents, patrons, exhibitors, landlords, tenants, owners, representatives, participants, riders, passengers from all losses, expenses, liabilities, actions or causes of action; suits, claims, demands and damages whatsoever, which I/we/my/our hier, 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 in relation to my/our participation, use and/or operation of a motorcycle or other vehicle or otherwise in the charitable motorcycle event known as the Rev it Up for SickKids and events associated thereto whether arising from my/our negligence or breach of contract or otherwise. I/we hereby acknowledge that I/we have read and understood this release.

Signature (Rider) _____

