

21st Annual Ride for Memories Saturday, August 19th, 2023

Registration for Each Person Riding

Please provide the following information:

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ E-mail: _____

***Note: Each driver and passenger must register separately. ***

Waiver: In consideration of the acceptance of my application as an entrant in the Alzheimer Society of Kenora/Rainy River Districts' 21st Annual Alzheimer Ride for Memories 2023, I, for myself, my heirs, executors, administrators, successors and assigns hereby release the Alzheimer Society of Kenora/Rainy River Districts, its Volunteers, Directors, Officers, and Employees, in respect of death, injury, loss or damage to my person or property howsoever caused, arising by reason of my participation in the said event whether as a participant or otherwise, whether prior to, during or subsequent to the event and notwithstanding the same may have been contributed to occasioned by the negligence of any of the aforesaid and agree to hold and save harmless and agree to indemnify all of the aforesaid from and against all liability incurred by them arising as a result of, or in any way connected with, my participation in the said event.

Terms and Conditions: By submitting this entry, I acknowledge having read, understood, and agreed to the Waiver, I warrant that I am physically fit to participate in the event.

Signature

Date

ORDER FORM BELOW:

☐ I AM riding and would like to attend the dinner. \$100: includes \$50 Dinner, \$50 Poker Hand (\$25 tax receipt from dinner)

☐ Dinner Only \$50: (\$25 tax receipt)

T-shirt ordering: \$20.00 per

**Note T-Shirt is not guaranteed unless you check with the office for sizes and inventory*

Sizes and Number of T-shirts

Small _____ Medium _____ Large _____ X-Large _____ XX-Large _____

Total # _____ of T-Shirts Ordered Total \$ _____

Total Payment (sum of the above): _____

Payment Method: ☐ MasterCard ☐ Visa ☐ Cheque ☐ Cash

Card Number: _____ Expiry Date: _____

Signature: _____ CVV: _____ Postal Code: _____

Mail to: 618-9th Street North, Kenora, ON, P9N 2S9

Contact us: Tel: (807) 468-1516 or 1-800-682-0245, E-mail: info@alzheimerr.com, Fax: (807) 468-9013