

9TH ANNUAL **BOB PROBERT RIDE**

Supporting the Cardiac Wellness Programs in
 Windsor-Essex County **Sunday, June 23, 2019**

Registration/Waiver Form

NOTE: Ride updates available at www.facebook.com/probertride

Registrant's Name: _____

Passenger's Name: _____

Address: _____

City: _____ **Postal Code:** _____

Home Phone: _____ **Email:** _____

YES I have a valid motorcycle driver's license, approved helmet for both rider & passenger and insurance required to participate.

Receipts will be issued for **donations** of \$20 or more provided name and address are complete and legible.

Make all cheques payable to *Changing Lives Together Foundation or CLTF.*

Receive a FREE Probert Ride T-Shirt with \$100 in pledges or more!

NAME	ADDRESS	POSTAL CODE	AMOUNT
TOTAL PLEDGES			
TOTAL REGISTRATION FEE			
GRAND TOTAL			

Registration Fee: \$30 for Riders, Passengers are free

Method of payment: Cash Cheque VISA MC

Card# _____ Expiry Date _____

Phone Number (required if paying by credit) _____
 CVV _____

**Registration:
 \$30 per Rider
 Passengers are free
 Receive a free
 Probert Ride T-shirt
 with \$100 in pledges
 or more!**

The Bob Probert Ride Waiver

Note This required waiver must be read and signed by EACH Rider and Passenger
PLEASE READ CAREFULLY

RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY RELEASE.

BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS INCLUDING THE RIGHT TO SUE OR CLAIM INDEMNITY AGAINST UNIFOR-CANADA AND ANY OF ITS LOCALS OR THEIR RESPECTIVE OFFICERS, AGENTS, EMPLOYEES OR REPRESENTATIVES, HÔTEL-DIEU GRACE HEALTHCARE AND ITS RESPECTIVE DIRECTORS, OFFICERS, EMPLOYEES, AGENTS, PROFESSIONAL STAFF, INDEPENDENT CONTRACTORS, THE CHANGING LIVES TOGETHER FOUNDATION AND ITS RESPECTIVE DIRECTORS AND EMPLOYEES, EVENT SPONSORS AND VOLUNTEERS, AND THE PROBERT FAMILY.

ASSUMPTION OF RISKS

I/We am/are aware that my/our participation in this recreational activity held on **June 23, 2019** involves risks and dangers including but not limited to use of and/or exposure to sporting and/or recreational equipment, natural or “person” made, environmental and/or physical conditions, negligence of others, and/or negligence on the part of UNIFOR Canada and/or its Local Unions, their officers or agents and representatives, Hôtel-Dieu Grace Healthcare and its respective Directors, Officers, employees, agents, professional staff, independent contractors, the Changing Lives Together Foundation and its respective Directors and employees, event sponsors and volunteers, and the Probert family. I/We freely accept and fully assume all such risks and dangers and the possibility of personal injury, death, property damage and loss resulting therefrom.

1. **I/WE AGREE TO WAIVE ANY AND ALL CLAIMS** that I/we have or may have in the future against UNIFOR-Canada National Union and/or UNIFOR Canada Local Unions and/or a UNIFOR-Canada Council, and their directors, officers, employees, against and representatives, Hôtel-Dieu Grace Healthcare, and its respective Directors, Officers, employees, agents, professional staff, independent contractors, the Changing Lives Together Foundation and its respective Directors and employees, volunteers, event sponsors, the Probert Family (all of whom are hereinafter collectively referred to as “**THE RELEASEES**”) and **TO RELEASE THE RELEASEES** from any and all liability for any loss, damage, injury or expense that I/we may suffer, or that my next of kin may suffer as a result of my use of or my presence at The 9th Annual Bob Probert Ride event due to any cause whatsoever, **INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE OWED UNDER THE OCCUPIERS LIABILITY ACT, ON THE PART OF THE RELEASEES;**
2. **TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES** from any and all liability for damage to property of, or personal injury to, any third party resulting from my/our participation at The 9th Annual Bob Probert Ride event;
3. This waiver shall be effective and binding upon my/our heirs, next of kin, executors, administrators, assigns and representatives, in the event of my/our death or incapacity;
4. I/We agree to obey legislation of the Highway Traffic Act, Liquor License Act, Cannabis Act, all provincial legislation and the Criminal Code of Canada.

In signing this waiver I/we am/are not relying upon any oral or written representations or statements made by the Releasees other than what is set forth in this waiver. I/we have read and understand this waiver. I/we am/are aware that by signing this waiver I/we am/are waiving certain legal rights, which I/we or my/our heirs, successors, executors or administrators etc. may have against the Releasees.

Date: _____

Rider _____
(Print name clearly)

(Signature of participant)

Passenger _____
(Print name clearly)

(Signature of participant)

Witness _____
(Print name clearly)

(Signature of witness)