

Mini Royal: A FUN Fundraiser!!!

CARD'S MAJOR FUNDRAISER FOR 2017

MAY 27 & 28, 2017

VOLUNTEER REGISTRATION FORM

I prefer to volunteer:

Saturday Sunday Both Days

Morning Afternoon

I'd like my pledges to support this horse: _____
(I understand this is not necessarily the horse I will be with on the day)

NAME: _____
Is your contact information on file? If no, please provide below

ADDRESS: _____

PHONE: _____ Email: _____

All volunteers participating in the event must raise a minimum of \$50 in pledges.

Incentive prizes for the top 3 pledge earners!!!!

Please get your registration form in by: MAY 14, 2017

THANK YOU FOR YOUR SUPPORT!



LIABILITY RELEASE (mandatory)

I _____, on behalf of myself, my heirs, executors, administrators and assigns hereby acknowledge that I am participating in "The Mini Royal" (Event) on Saturday May 27th and Sunday May 28th, 2017, and activities connected therewith concluded by CARD at my sole risk and I exonerate, release, indemnify and forever hold harmless CARD, sponsors of the Event, owners of the properties on which the Event takes place, and their respective directors, officers, employees, volunteers, agents and assigns from any claim or liability whatsoever including, without limitation, any causes of actions, suits, losses, damages, costs, charges, expenses, claims or liabilities relating to property damage or personal injury or death to myself or any other person or animal resulting from my participation in the Event.

I hereby certify and represent that I have read the foregoing and fully understand the meaning and effect thereof and am over the age of majority in my province/territory of residence (or have had my parent or legal guardian execute this release on my behalf) and intend to be legally bound.

PHOTO & WEBSITE CONSENT AND RELEASE (optional)

IN CONSIDERATION of the Community Association for Riders with Disabilities continuing to provide services to the community, I hereby

a) Grant permission to the said Association and anyone authorized by the said Association to take, use and reproduce, for the purpose of instruction, publication in scientific journals and for any other use for the benefit of the said Association, still or video photography of _____ (insert "myself" or name of participant)

b) Release all claims on behalf of myself, my heirs, executors, administrators and assigns where I (or the said participant) may have had against the said Association, its directors, officers, employees, volunteers, affiliates, agents and assigns, for the use and reproduction of any still or video photography taken and used aforesaid.

The signatures below constitute my agreement to the

Liability Release

Photo Release

Both Releases

Date

Please Print Name

Signature

Signature of parent or guardian if under the age of 18 or otherwise required:

Relationship

Please Print Name

Signature