

2011 REGISTRATION

PRIMARY REGISTRANT

Name: _____ (surname) _____ (first name)

Address: _____ (street)

_____ (city) _____ (prov) _____ (postal code)

E-mail: _____ **Phone:** _____

Age on June 26, 2011: _____ **Shirt Size: (circle one) | SM | M | L | XL** **Select:** 20km 50km

ADDITIONAL REGISTRANTS AT SAME ADDRESS

Name: _____ (surname) _____ (first name)

Age on June 26, 2011: _____ **Shirt Size: (circle one) | SM | M | L | XL** **Select:** 20km 50km

Name: _____ (surname) _____ (first name)

Age on June 26, 2011: _____ **Shirt Size: (circle one) | SM | M | L | XL** **Select:** 20km 50km

Name: _____ (surname) _____ (first name)

Age on June 26, 2011: _____ **Shirt Size: (circle one) | SM | M | L | XL** **Select:** 20km 50km

Release, Waiver and Indemnity

In consideration of the acceptance of my application and the permission to participate as an entrant in Canadian Mental Health Association, Vancouver-Burnaby Branch's Community Bike Ride to support individuals recovering from mental illness on Sunday, June 26th, 2011. I for myself, my heirs, executors, administrators, successors, and assigns HEREBY RELEASE, WAIVE AND FOR-EVER DISCHARGE, The City of Burnaby, Burnaby Parks Board, The City of Vancouver, Vancouver Parks Board, Canadian Mental Health Association and all its Branches, and all other associations, sanctioning bodies and sponsoring companies, and elected and appointed officials, directors, successors and assigns (the "Releasees") OF AND FROM ALL claims, demands, damages, costs, expenses, actions and causes of action, whether in law or equity, in respect of death, injury, loss or damage to my person or property HOWSOEVER CAUSED ("Claims"), arising or to arise by reason or my participation in the said event, whether as a spectator, participant, or otherwise, whether prior to, during or subsequent to the event. AND NOTWITHSTANDING that same may have contributed to or occasioned by the negligence of the aforesaid. I hereby agree to periodic mailings both electronic and physical from Canadian Mental Health Association, Vancouver-Burnaby Branch only. Personal information collected by Canadian Mental Health Association, Vancouver-Burnaby Branch is for registration and results purposes only, and will not be shared with other companies or organizations.

Further, I hereby grant full permission to any and all the foregoing to use any photography, video tapes, motion pictures, recordings or any other record of this event for promotional purposes. I FURTHER HEREBY UNDERTAKE TO HOLD AND SAVE HARMLESS AND AGREE TO INDEMNIFY all of the aforesaid from and against any and all liability incurred by any or all of them arising as a result of, or in any way connected with my participation in the said event. BY SUBMITTING THIS ENTRY, I ACKNOWLEDGE HAVING READ, UNDERSTOOD, AND AGREE TO THE ABOVE WAIVER, RELEASE AND INDEMNITY. I WARRANT that I am physically fit to participate in this event.

If the following section is completed to list the names of participants who are under 19 and for whom the undersigned is a parent or guardian, the following provision shall also apply:

Names of participants who are under the age of 19:

I sign this Release as the parent or guardian of the above named participant(s) on their behalf as well as my own with the intent that it will apply to them as well as myself and all grammatical changes shall be deemed to be made to the above Release as required to implement this intent including substituting references to the above participant(s) as well as myself wherever the words "I", "my" or "myself" appear in this Release. I also agree to indemnify and hold harmless the Releasees in respect of any liability arising from any Claims made by the participant(s) or myself.

Date _____ Signature _____ Name: _____

(If participant is under 19 years of age, parent or guardian must sign)

Please make cheque payable to **Canadian Mental Health Association**

Mail cheque and complete form to:

CMHA Vancouver-Burnaby Branch, #110-2425 Quebec Street, Vancouver, BC V5T 4L6

Contact **CMHA Vancouver-Burnaby**

Telephone: 604-872-4902(237) Web: www.cmhacommunityride.ca

2011 PLEDGE FORM

Pledge collector's name: _____

Thank you for joining me in supporting this important cause.
 To raise awareness and acceptance of those living with mental illness!

SUNDAY, JUNE 26, 2011
www.cmhacommunityride.ca

PLEDGE FORM

Name: _____ Amount: \$ _____
 (first name) (surname)

Address: _____
 (street) (city) (province) (postal code)

Name: _____ Amount: \$ _____
 (first name) (surname)

Address: _____
 (street) (city) (province) (postal code)

Name: _____ Amount: \$ _____
 (first name) (surname)

Address: _____
 (street) (city) (province) (postal code)

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Name: _____ Amount: \$ _____
 (first name) (surname)

Address: _____
 (street) (city) (province) (postal code)

Pledges

All pledges and donations \$25 or more will receive a charitable tax receipt and each person will be entered into a prize draw featuring cycling gear from local bike shops.
 Riders that generate \$200 or more in pledges will receive a special gift.
 Riders who generate \$500 or more in pledges will receive a special riding jacket.
 (All pledge forms with \$200 or \$500 pledges submitted by 5:00pm on June 15th receive their plaque/jacket on event date. Pledge forms received after June 15th receive their gifts within 2 weeks).

Please make cheque payable to **Canadian Mental Health Association**
 Mail cheque and complete form to: CMHA Vancouver-Burnaby Branch, #110-2425 Quebec Street, Vancouver, BC V5T 4L6
 Or bring the form to the registration desk on event day June 26th, 2011