

NAME

**ADDRESS** 

**PROVINCE** 

**TELEPHONE** 

SIGNATURE

## CANADIAN GUIDE BOGS FOR THE BLIND MOTORCYCLE RIDE

Sunday, September 7th, 2025 | 9:00-10:00 AM

POSTAL CODE

**EMAIL** 

CITY



**CANADIAN GUIDE DOGS** 

FOR THE BLIND

NAME	ADDRESS	TELEPHONE	DONATION
DECLARATION & WAIVER: On consideration of acceptance, I hereby, for myself and my heirs, executors and administrators, waive and release all rights		MY PERSONAL DONATION	
and claims for damage against Canadian Guide Dogs for the Blind, organizers of the Guide Dog Ride, their successors and assigns for any and all injuries and illnesses suffered by me in the 2025 Guide Dog Ride		TOTAL DONATIONS	

DATE

**INFORMATION:**