



*Please complete one registration/waiver form per person.
Please sign & date this form*

Name: _____ Email: _____

Street: _____ City: _____ Prov: _____

Postal Code: _____

Phone #: (____) _____

Please circle one:

Sled Ride

ATV Ride

Please fill out this form and send your registration money payable to:

Please note that we only accept Cheques Cash or Money Orders at this time.

PET 4 Prostate Cancer Awareness.

Mail form and cheque for registration to:

**Prostate Extreme Team
12 Lawlor Crt.
Brampton, Ontario L7A-2J9**

Waiver: I, the undersigned, hereby waive, release and forever discharge PET 4 Prostate Cancer Awareness Inc., its members of the organization committee, sponsors, supporters, volunteers participants and all other associates with this event. I further waive all manners of action, causes of action, suits, debts, claims and demands whatsoever. I assume full responsibility for injury or damage arising as a result of participation in this event. This waiver also includes a "model release" for any photographs or video taken while participating in any of the above mentioned activities. I hereby declare that the motorized vehicle(s) I use in this event is licensed, insured & plated according to provincial law and per the trail system laws.

Absolutely NO Drinking & Riding will be tolerated!!!

Signature: _____

Date: _____

The Prostate Extreme Team would like to thank you for you generous support!